

Centre for Cellular and Molecular Biology

Uppal Road, Hyderabad 500 007

Information Sheet

Identity No. GRG / / Date / /

Identification Data

Name _____ Age _____ Yrs Sex – Male/Female

Date of Birth / / Marital Status – Unmarried/Married/Widow(er)

Religion/Caste _____ Education _____

Clinical Diagnosis _____

Referral Doctor _____ Tel No. of Doctor _____

Genetic Test Requested _____

Demographic Data

Name of Father/Husband _____ Age _____ Yrs Occupation _____

Name of Mother/wife _____ Age _____ Yrs Occupation _____

Address for _____

Correspondence _____

_____ Tel No. _____

Clinical Data

Clinical History

Personal History

Smoking/Tobacco/Alcohol/Pan/Gutkha/Others-

Relevant Clinical Findings

Summary of Relevant Investigations

Obstetric History of the Proband/Its Mother

Birth order	Maternal age at the time of pregnancy	Name	Sex	Type of delivery (N/Cs/As)	Age at present /at the time of death	Any illness responsible for death	Health Status (N/A)

N- Normal, Cs- Caesarean, As- Assisted, A- Affected

Family History

	Relationship
Any relative affected with the same genetic disorder	Yes/No
Any relative affected with similar genetic disorder	Yes/No
Any relative affected with different genetic disorder	Yes/No
Any disorder or disease running in the family	Yes/No
Consanguinity in the family	Yes/No

Pedigree Chart

Samples Collected

No.	Names	Age	Relation	Sample
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Signature of Referral Doctor