

Colleen Giblin Research Laboratories

The Neurological Institute of New York
www.GiblinLabs.org

Instructions

Please read carefully

- Forms must be completed by physicians, not by patients.
- SAMPLES WILL BE ACCEPTED ONLY AFTER OUR REVIEW OF THIS INFORMATION.
- DO NOT SEND SAMPLES WITHOUT OUR WRITTEN REQUEST.
- <u>All</u> sections must be completed. Otherwise, samples will not be accepted nor requested.
- Forms must be <u>signed</u> by patient/legal guardian <u>and</u> physician and sent via regular mail or electronically to the address below.
- Any information or materials submitted is voluntary and will not be returned (do not send originals).

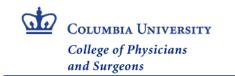
Referring physician's	name:		
Specialty:			
Place of active medical	icensure:		
Address:			
E-mail:			
Telephone:			
Signature:			
Patient name:			
Date of birth:			
Current age:			
Address:			
E-mail (patient, family of	or guardian):		
Telephone (patient, fam	ily or guardian):		
Signature:	Name:	Relationship:	Date:
Current or suspected	syndromic diagnosis:		
Age of onset:			
How was this diagnosis	established or suspected?:		
What additional infor	mation is available to referring	g physician? (please list and date cons	sultant reports images etc.):
what additional infor	nation is available to referring	priyoreian. (piease ust and date cons	suitant reports, images, etc.).
Clinical summary (ma	ximum 4 lines; do not send repo	rts or images until requested):	
Specific question aske	ed of us: EVALUATION OF C	LINICAL AND ANALYTIC DA	ATA, FOLLOWED –IF

Specific question asked of us: EVALUATION OF CLINICAL AND ANALYTIC DATA, FOLLOWED –IF APPROPRIATE AND REQUESTED BY US- BY ERYTHROCYTE GLUCOSE TRANSPORT ANALYSIS FOR THE DIAGNOSIS OF GLUCOSE TRANSPORTER TYPE 1 DEFICIENCY, AND FOLLOWED BY MOLECULAR GENETIC ANALYSIS, IF APPLICABLE.

Submission represents acceptance of these conditions:

1. The individuals, sponsoring and funding institutions, and affiliations of the Laboratories are not liable in any way from the use of any information, either requested or provided. 2. No information can be used for patient management, counseling or medical decisions unless reported in writing by us. 3. The staff of the laboratories will not become treating or consulting physicians unless explicitly stated in writing by us and their opinion will never supersede the treating or referring physicians' opinion.

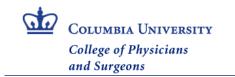
4. All communications will be addressed to the referring physician.



Colleen Giblin Research Laboratories

The Neurological Institute of New York www.GiblinLabs.org

Please complete <u>ALL</u> of the fol	llowing items. YES	See bel	low for grading Mild	system. Moderate	<u>Severe</u>		
Episodes/ Seizures							
Hypotonia/Spasticity							
Microcephaly			Head circumfe	rence:	cm; at age:		
Ataxia/ Incoordination							
Articulation Difficulties							
Language Deficit							
Eye movement abnormality Specify type:							
Movement disorder Specify type: chorea, dystonia, athetosis, etc:							
Additional Comments:							
DEVELOPMENTAL PARAMETERS:							
Seizure Onset:							
Head Growth:							
Birth Weight:							
Age when first walking:							
Age when first speaking:							
Duration of pregnancy:							
Complications during pregnancy:							
Apgar Scores:							
Behavior:							



Colleen Giblin Research Laboratories

The Neurological Institute of New York www.GiblinLabs.org

ANALYTIC PARAMETERS:

Blood Glucose Blood Lactate LP Date CSF Glucose CSF protein CSF Lactate

OTHER NEGATIVE (NORMAL) ANALYTIC STUDIES:

N	TEL	TD	OIN	ЛΔ	GIN	C.
17	N E I	\mathbf{n}	OII	VI /\	CILLY	LT.

(Dates, modalities and results)

TREATMENT:

Date ended ketogenic diet: Date started ketogenic diet:

Current diet:

Date and type of anticonvulsant start:

Date and type of anticonvulsant end:

Additional Comments:

CRITERIA FOR GRADING PATIENT SYMPTOMS LIST

Episodes/Seizures if YES, grade: $MILD \rightarrow 1x / month$

MODERATE→ weekly or monthly SEVERE→ daily or several times / week

Spasticity if YES, grade: MILD→ 3+ for tendon reflexes. No ankle clonus. Mild Increase in tone.

MODERATE→ 4+ for tendon reflexes. Ankle clonus. Babinski signs. Increased tone.

SEVERE→ Spasticity. Difficulty walking/unable. 4+ tendon reflexes. Ankle clonus. Babinski signs.

Ataxia/ if YES, grade: MILD→ Incoordination. No functional impairment.

Incoordination MODERATE→ Able to walk. SEVERE→ Unable to walk.

MILD → Speaks in sentences. Decreased vocabulary. Language if YES, grade: Deficit

MODERATE → Speaks in simple phrases.

SEVERE → Speaks in simple words, or no language.