Cleveland Clinic
Laboratories

2119 E. 93rd / L15
Cleveland, OH 44106
216.444.5755 or 800.628.6816

UHEX4 PATIENT INFORMATION FORM

Name (last, first): _____ Date of birth: _____ / _____ / _____

Sex: ❑ Female ❑ Male Patient/Hospital ID # _____

Indication for testing: _____

CLINICAL INFORMATION *(check all that apply)*

I. General Physical Abnormalities
- ☐ 1 length cm
- ☐ 2 weight kg
- ☐ 3 headcir cm
- ☐ 4 hepatomegaly
- ☐ 5 splenomegaly
- ☐ 6 cardiomegaly
- ☐ 7 skin xanthoma
- ☐ 8 strange smell

II. Neuromuscular Abnormalities
- ☐ 1 mental retardation
- ☐ 2 muscle weakness
- ☐ 3 exercise intolerance
- ☐ 4 muscle cramping
- ☐ 5 muscle wasting
- ☐ 6 hypertonia
- ☐ 7 hypotonia
- ☐ 8 convulsions
- ☐ 9 lethargy/coma

III. Gastrointestinal Abnormalities
- ☐ 1 vomiting
- ☐ 2 diarrhea

IV. Nephrological Abnormalities
- ☐ 1 creatine clearance
- ☐ 2 proteinuria
- ☐ 3 strange color/smell
- ☐ 4 _____

V. X-Ray Abnormalities
- ☐ 1 delayed bone-age
- ☐ 2 _____

VI. Immunological Abnormalities
- ☐ 1 recurrent infections
- ☐ 2 _____

VII. Hematological Abnormalities
- ☐ 1 anemia
- ☐ 2 neutropenia
- ☐ 3 thrombopenia
- ☐ 4 thrombo-embolic abnormalities
- ☐ 5 bleeding tendency

VIII. Laboratory Abnormalities
- ☐ 1 acidosis
- ☐ 2 hypoglycemia
- ☐ 3 abnormal liver function
- ☐ 4 ketosis
- ☐ 5 hyperammonemia
- ☐ 6 hyperlipidemia
- ☐ 7 hyperuricemia
- ☐ 8 hyperlactic acidemia
- ☐ 9 high CPK
- ☐ 10 _____

IX. Biopsy - Glycogen

	MEMBRANE BOUND	DISPERSED
☐ 1 liver	_____	_____
☐ 2 muscle	_____	_____

X. Genetics
- ☐ 1 consanguinity
- ☐ 2 metabolic disease in family
- ☐ 3 pedigree if applicable
- ☐ 4 race: ☐ White ☐ Black ☐ Hispanic ☐ Asian

XI. Medications

_____

_____

XII. Diagnosis

_____

Results Address

Address: 9500 Euclid Avenue / L-15
City/State/Zip: Cleveland, OH 44195
Phone: 216.444.5775 Fax: 216.445.2673

Billing Address

Attn: Brian Kershaw or Kala Istre
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