Supporting Information for R67 Non-Syndromic Hearing Loss

Testing for patients with non-syndromic or syndromic hearing loss. Referrals for patients with unilateral hearing loss are only accepted if additional features suggesting a syndromic form of deafness are present.

To be sent with sample and DNA request card to **your local NHS Genomic Laboratory Hub.**
Specialist testing laboratories: gosh.geneticslab@nhs.net (North West Thames GLH) and mft.genomics@nhs.net (North West GLH)

Patient details or attach sticker:
Name _____
Date of birth _____Gender_____
Address _____
Postcode _____
Hospital Number _____
NHS no _____

Family history/pedigree: other affected individuals, parental consanguinity, ethnicity?

Risk factors:

- ☐ Prematurity
- ☐ Hyperbilirubinemia
- ☐ Prolonged neonatal care unit stay
- ☐ Ototoxic medication

Sepsis/other:_____

Audiogram findings (serial if relevant) – please describe or attach copies

Parental, sibling audiogram results?

Age of onset: _____
Severity: right ear_____ left ear_____
Progression ? _____

Neurological/neurodevelopmental features?
_____
_____
_____

Other relevant history or examination features?
_____
_____
_____

MRI performed? Yes ☐ No ☐
Findings:_____
_____

Clinically suspected syndromic diagnosis?

- ☐ Pendred Syndrome
- ☐ Usher Syndrome
- ☐ Waardenburg Syndrome
- ☐ Branchio-oto-renal syndrome
- ☐ Wolfram Syndrome
- ☐
- ☐ Other _____

ECG findings?_____
Ophthalmic findings? _____
Renal Scan?_____
Urinalysis?_____
CMV result?_____

Other information _____
_____
_____

Tick to indicate gene panel testing discussed with patient / parent or guardian, and informed consent obtained ☑

Referring clinician _____
Address _____
_____
Email _____@nhs.net

Signed _____