



National Institute of Mental Health & Neuro Sciences

(An Institute of National Importance)

Bangalore - 560029, India.

REQUEST FORM

Screening for Inborn Errors of Metabolism by Tandem Mass Spectrometry

Name:	Hosp no:	ReferringCentre/Hospital:
Age/Sex:	Date of birth:	
Sample collection: Date _____ Time _____ .	Type of feeding:	
Father's name:	Mother's name:	
Patient's Address, Phone No. and E-mail id:		
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Symptoms (Pl. specify)		
Symptoms triggered by (Pl.Specify) :	Past history (Pl.Specify):	
Family history of similar illness: Yes/No	Parental consanguinity: Yes/No	
	If Yes, Pl. Specify : (1°/2 °/3 °)	
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Clinical Findings		
General examination	Ocular findings	
CVS:	RS:	
Abdomen:		
CNS:		
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Results of Investigations		
EEG		
Imaging/MRI		
Electrophysiology		
Hematology		
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Biochemistry (Blood)	Glucose:	Ammonia:
Total bilirubin:.....	SGOT	SGPT
CPK.....	LDH.....	Uric acid.....
pH:.....	Bicarbonate:.....	PCO2:.....
Anion gap:.....	Others	
Urine screening tests.....		
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Medication: (Please specify)		
Antibiotics:		
Antiepileptics:		
Vitamins:		
Carnitine:		
Sodium benzoate:		
MCT oil:		
TPN:		
Ketogenic diet:		
Others		
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Provisional Diagnosis:		

Date:

Signature of the Doctor

Name of the Doctor:

Phone Number:

E-mail id: