Molecular Genetics Laboratory
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Supplemental Information Form
Glucose transporter type 1 deficiency (GLUT1) Testing

MUST BE COMPLETED FOR EACH PATIENT: ATTACH TO THEIR REQUISITION OR FAX / EMAIL TO MGL

*Diagnostic testing for GLUT-1DS can **ONLY** be ordered when **ALL** the following conditions are met:*

1. *The test is requested by a Neurologist or Biochemical Diseases Specialist;*
2. *The patient has one of the four (4) defined GLUT1-DS phenotypes (see below);*
3. *The patient has a CSF glucose ≤ 2.5 mmol/L AND a CSF:fasting serum glucose ratio of < 0.6.*

*Clinical information, detailing **BOTH** 1) the GLUT1-deficiency phenotype **AND** 2) laboratory data, must be provided for all patients in whom diagnostic testing for GLUT1-DS is requested.*

Patient Information

Last Name	First and Middle Names	Date of Birth (DD/MMM/YY)
Provincial Health Number	**Referring Hospital ID #**	**Referring Clinic/Lab ID #**

Clinical Information

1. GLUT1-deficiency phenotype (check one)

a) Classical

☐ Epilepsy (particularly if refractory to ≥ 2 anti-epileptic drugs)
AND
Developmental delay / intellectual disability

b) Atypical

A ☐ Absence seizures with early onset (< 4 years of age)

OR

B ☐ Paroxysmal exercise-induced dyskinesia

OR

C ☐ Ataxia and/or hyperkinetic movement disorder
AND
Developmental delay / intellectual disability
AND
One or more of (check all that apply):
- ☐ Epilepsy
- ☐ Migraine
- ☐ Microcephaly
- ☐ Positive family history. Provide details:

2. Laboratory data (complete all sections):

CSF glucose:	Fasting serum glucose:	CSF:Fasting serum glucose ratio

SAVE COMPLETE FORM

PRINT FORM

CLEAR FORM