Bench to Bassinet
Pediatric Cardiac Genomics Consortium: CHD GENES
Form 105: Congenital Extracardiac Findings
Version: B - 11/01/2010

SECTION A: ADMINISTRATIVE INFORMATION

A1. Study Identification Number:

A2. Study Visit:

A3. Date Form Completed: *MM/DD/YYYY*

A4. Exam Date: *MM/DD/YYYY*

SECTION B: SUBJECT HEIGHT AND WEIGHT

B1. Subject's Height

	Feet/inches	Centimeters	Unknown	Source Pending
a. Height Unit:	○	○	○	○

Feet/Inches: b. ft c. in

d. Centimeters: cm

e. Date Obtained: *MM/DD/YYYY*

B2. Subject's Weight

	pounds/ounces	kilograms	Unknown	Source Pending
a. Weight Unit:	○	○	○	○

Pounds/ounces: b. lbs c. oz

d. Kilograms: kgs

e. Date Obtained: *MM/DD/YYYY*

SECTION C: CONGENITAL EXTRACARDIAC FINDINGS

	Yes	No	Source Pending
C1. Was there evidence of any abnormal extracardiac findings in the subject's medical record?	○	○	○

	Yes	No	Source Pending
C2. Was there evidence of dysmorphic facies in the subject's medical record?	○	○	○

	Yes	No	Source Pending
C3. Were any abnormalities of the head noted in the medical record?	○	○	○

a. Craniosynostosis ☐

i. Specify:

b. Cutis Aplasia ☐

c. Macrocephaly ☐

d. Microcephaly ☐

e. Other ☐

i. Specify:

	Yes	No	Source Pending
C4. Were any abnormalities of the eyes noted in the medical record?	○	○	○

a. Anophthalmia ☐

b. Cataracts ☐

c. Coloboma ☐

d. Congenital Blindness ☐

e. Duane Anomaly ☐

f. Epicanthal Folds ☐

g. Esotropia ☐

h. Nystagmus ☐

i. Posterior Embryotoxin ☐

j. Ptosis ☐

k. Strabismus ☐

l. Tortous Retinal Vessels ☐

m. Other ☐

i. Specify:

	Yes	No	Source Pending
C5. Were any abnormalities of the ears noted in the medical record?	○	○	○

a. Absent/ Abnormal Ear Canal ☐

b. Ear Pit ☐

c. Ear Tag ☐

d. Hearing Loss ☐

e. Low Set ☐

f. Other ☐

i. Specify:

	Yes	No	Source Pending
C6. Were any abnormalities of the nose noted in the medical record?	○	○	○
C7. Were any abnormalities of the neck noted in the medical record?	○	○	○

a. Branchial Cleft/Cyst ☐

b. Excess Nuchal Skin ☐

c. Webbed Neck ☐

d. Other ☐

i. Specify:

	Yes	No	Source Pending
C8. Were any abnormalities of the mouth noted in the medical record?	○	○	○

a. Macroglossia ☐

b. Micrognathia ☐

c. Other ☐

i. Specify:

	Yes	No	Source Pending
C9. Were any abnormalities of the palate noted in the medical record?	○	○	○

a. Bifid Uvula ☐

b. Cleft Lip ☐

c. Cleft Palate ☐

d. Submucosal Cleft Palate ☐

e. Other ☐

i. Specify:

	Yes	No	Source Pending
C10. Were any abnormalities of the airway noted in the medical record?	○	○	○

a. Choanal Atresia ☐

b. Choanal Stenosis ☐

c. Esophageal Atresia ☐

d. Laryngo-bronchio-tracheomalacia ☐

e. Tracheoesophageal (TE) Fistula ☐

f. Subglottic Stenosis ☐

g. Tracheal Stenosis ☐

h. Tracheal Web ☐

i. Other ☐

i. Specify: _____

	Yes	No	Source Pending
C11. Were any abnormalities of the chest noted in the medical record?	○	○	○

a. Pectus Carinatum ☐

b. Pectus Excavatum ☐

c. Supernumerary Nipples ☐

d. Wide Spaced Nipples ☐

e. Other ☐

i. Specify: _____

	Yes	No	Source Pending
C12. Were any pulmonary abnormalities noted in the medical record?	○	○	○

a. Bilateral Right-sidedness ☐

b. Bilateral Left-sidedness ☐

c. Congenital Cystic Adenomatoid Malformation (CCAM) ☐

d. Diaphragmatic Hernia ☐

e. Lung Hypoplasia ☐

f. Other ☐

i. Specify: _____

	Yes	No	Source Pending
C13. Were any hepatic abnormalities noted in the medical record?	○	○	○

a. Bile Duct Paucity ☐

b. Biliary Atresia ☐

c. Left-sided or Midline Liver ☐

d. Other ☐

i. Specify: _____

	Yes	No	Source Pending
C14. Were any abdominal abnormalities noted in the medical record?	○	○	○

a. Annular Pancreas ☐

b. Asplenia ☐

c. Duodenal Atresia ☐

d. Gastroschisis ☐

e. Hirshsprung's ☐

f. Inguinal Hernia ☐

g. Malrotation ☐

h. Omphalocele ☐

i. Polysplenia ☐

j. Pyloric Stenosis ☐

k. Umbilical Hernia ☐

l. Other ☐

i. Specify: _____

	Yes	No	Source Pending
C15. Were any renal abnormalities noted in the medical record?	○	○	○

a. Cystic or Polycystic Kidney ☐

b. Dysplastic Kidney ☐

c. Horseshoe Kidney ☐

d. Hydronephrosis ☐
e. Pelvic Kidney ☐
f. Single Kidney ☐
g. Ureteral Abnormalities ☐
h. Other ☐
i. Specify:

	Yes	No	Source Pending
C16. Were any genitourinary abnormalities noted in the medical record?	○	○	○

a. Ambiguous Genitalia ☐
b. Anteriorly Placed Anus ☐
c. Bicornuate Uterus ☐
d. Bifid Scrotum ☐
e. Hypospadias ☐
f. Imperforate/ Atretic Anus ☐
g. Micropenis ☐
h. Undescended Testis ☐
i. Other ☐
i. Specify:

	Yes	No	Source Pending
C17. Were any general skeletal abnormalities noted in the medical record?	○	○	○

a. Cervical Instability ☐
b. Congenital Hip Dysplasia ☐
c. Absent Radius ☐
d. Extra Rib ☐
e. Missing Rib ☐
f. Sacral Dimple ☐
g. Scoliosis (congenital) ☐
h. Tethered Cord ☐
i. Vertebral, butterfly ☐
j. Vertebral, fused ☐
k. Vertebral, other ☐
i. Specify:
l. Other ☐
i. Specify:

	Yes	No	Source Pending
C18. Were any abnormalities of the hands noted in the medical record?	○	○	○

a. Abnormal Fingers (not thumb) ☐
b. Abnormal Thumb ☐
c. Polydactyly ☐
d. Syndactyly ☐
e. Other ☐
i. Specify:

	Yes	No	Source Pending
C19. Were any abnormalities of the feet noted in the medical record?	○	○	○

a. Abnormal Toe ☐
b. Club Foot ☐
c. Polydactyly ☐

d. Syndactyly ☐

e. Wide-spaced Big Toe ☐

f. Other ☐

i. Specify: _____

	Yes	No	Source Pending
C20. Were any neurological abnormalities noted in the medical record?	○	○	○

a. Absent Corpus Callosum ☐

b. Chiari Malformation ☐

c. Dandy-Walker ☐

d. Holoprosencephaly ☐

e. Hydrocephalus ☐

f. Neural Tube Defect ☐

g. Other ☐

i. Specify: _____

	Yes	No	Source Pending
C21. Were any dermatological abnormalities noted in the medical record?	○	○	○

a. Cafe Au Lait Spots ☐

b. Hemangioma ☐

c. Hyperpigmented Lesions ☐

d. Hypopigmented Lesions ☐

e. Port Wine Spots ☐

f. Telangiectasia ☐

g. Other ☐

i. Specify: _____

	Yes	No	Source Pending
C22. Were any endocrinologic abnormalities noted in the medical record?	○	○	○

a. Specify: _____

	Yes	No	Source Pending
C23. Were any abnormalities of the thymus noted in the medical record?	○	○	○

a. Specify Type:

○ Absent
○ Ectopic
○ Hypoplastic
○ Other
○ Unknown
○ Source Pending

i. Other, specify: _____

	Yes	No	Source Pending
C24. Were any hematologic abnormalities noted in the medical record?	○	○	○

a. Rh/ABO Incompatible ☐

b. Other ☐

i. Specify: _____

	Yes	No	Source Pending
C25. Were any genetic syndromes noted in the medical record?	○	○	○

a. Alagille ☐

b. Cardiofacial Cutaneous ☐

c. Cat Eye ☐

d. CHARGE ☐

e. Cri-du-chat ☐

f. DGS/ VCFS/ CTAF ☐

g. Ehlers Danlos ☐

h. Ellis-Van Creveld ☐

i. Goldenhar ☐

j. Holt Oram ☐

k. Jacobsen ☐

l. Kabuki ☐

m. Marfan ☐

n. Microdeletion Syndrome ☐

i. Specify:

o. Microduplication ☐

i. Specify:

p. Noonan ☐

q. Translocation ☐

i. Specify:

r. Trisomy 13 ☐

s. Trisomy 18 ☐

t. Trisomy 21 (Down) ☐

u. Turner ☐

v. VATER ☐

w. VACTERL ☐

x. Williams ☐

y. Multiple congenital anomalies, NOS ☐

z. Other ☐

i. Specify:

	Yes	No	Source Pending
C26. Were any immunologic abnormalities noted in the medical record?	○	○	○

a. Specify: