eurofins | Biomnis

Clinical Information Form
Steroid panels

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PATIENT DETAILS

First name(s): .....
Surname: .....
Date of birth: ☐☐ ☐☐ ☐☐☐☐
Gender: ☐ F ☐ M ☐ Undetermined

CLINICIAN

Name of clinician: .....
Department/ward: .....
Address: .....
Post code: ☐☐☐☐☐ City: .....
Country: .....
E-Mail: ..... Telephone: .....

PLASMATIC STEROID SCREENS

Date and time of sample collection: ☐☐ ☐☐ ☐☐ at ☐☐ h ☐☐ min

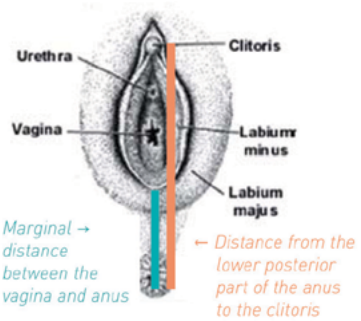
Isolated test request: ☐ YES ☐ NO
Test: ☐ Synacthen ☐ hCG ☐ Other

Reason for steroid panel request

Abnormal genital organs at birth: ☐ YES ☐ NO

If **YES**, please provide further details: **Anatomical description**

- **Genital nub:**
  - Hypospadia ☐ Anterior ☐ Medial ☐ Posterior
  - Chordee ☐ YES ☐ NO
  - Length: .....
  - Hypoplasia of the ventral tissue ☐ YES ☐ NO
- **Fusion of genital labia** ☐ Total ☐ Partial
- **Palpable gonads** ☐ Right ☐ Left
  Position ☐ Lower scrotal sac ☐ Upper scrotal sac ☐ Inguinal
- **Visible perineal orifices** ☐ Vaginal ☐ Urethral ☐ Not assessed
- **Ultrasound of the uterus** ☐ YES ☐ NO ☐ Not assessed
- **Ano-genital distance (AGD):** .....
  = Marginal distance between the anus and the vagina/distance from the lower posterior part of the anus to the clitoris. ↑



Screening for a steroid biosynthesis disorder:

- **Genital organ anomaly:** ☐ YES ☐ NO → If YES, please specify (see below)
- **Axillary hair:** A..... (puberty stage)
- **Pubarche:** P..... (puberty stage)
- **Abnormal pubic hair growth in males:** ☐ YES ☐ NO → area: .....
- **Testicular volume development:** .....ml
- **Length of the penis:** .....mm
- **Mammary gland development:** Stage .....
- **Gynecomastia in boys:** ☐ YES ☐ NO
- **Bone age:** ..... ☐ Not assessed
- **Hirsutism:** ☐ YES ☐ NO
- **Acne:** ☐ YES ☐ NO
- **Menstrual cycles:** ☐ Regular ☐ Irregular/Spaniomenorrhea
- **Infertility:** ☐ YES ☐ NO
- **AHT:** ☐ YES ☐ NO
- **Treatment:** ☐ YES ☐ NO → If YES, please specify .....

PRENATAL ASSESSMENT

Reason for steroid panel request

Abnormal genital organs: ☐ YES ☐ NO

Screening for a steroid biosynthesis disorder: ☐ YES ☐ NO

- **Date of conception:** ☐☐ ☐☐ ☐☐
- **Date of amniotic fluid collection:** ☐☐ ☐☐ ☐☐
- **Term of pregnancy:** .....weeks of amenorrhoea
- **Karyotype:** .....
- **External genital organ ultrasound findings:** .....
- **Other related morphological anomalies:** ☐ YES: ..... ☐ NO

Please attach a copy of the ultrasound findings and the consent form for the hormonal screening of amniotic fluid.

These tests are performed in partnership with the Hospices Civils de Lyon.

Hospices Civils de Lyon