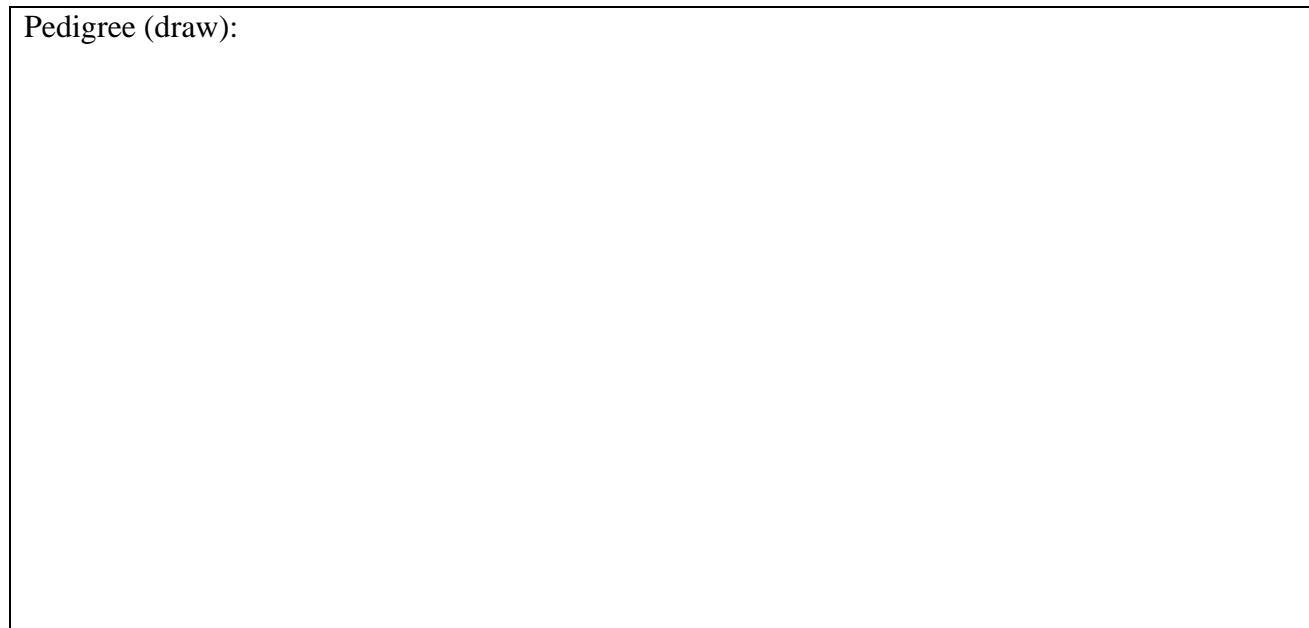


UNIVERSITY OF IOWA HOSPITALS AND CLINICS  
DEPARTMENT OF PATHOLOGY

### Supplementary Informational Form for Prenatal FSHD Testing

Mother	Father
Name	Name
D.O.B.	D.O.B.
S.S.N.	S.S.N.

Pedigree (draw):



Deletion in affected parent must be known prior to performing fetal tissue sampling or amniocentesis. Provide 4q35 deletion data here:

Was the index case tested at the University of Iowa? Yes/No (circle one), or other lab? Please identify: \_\_\_\_\_