

**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  $\leq 2.5$  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  $\geq 2$  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
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