



**DEPARTMENT OF ENDOCRINOLOGY, DIABETES & METABOLISM**  
**CHRISTIAN MEDICAL COLLEGE – VELLORE**



**MOLECULAR GENETIC DIAGNOSIS OF MATURITY ONSET DIABETES OF THE YOUNG**  
*(The gene panel includes HNF1A, GCK, HNF4A, PDX1, HNF1B, NEUROD1, KLF11, CEL, PAX4, INS, BLK, ABCC8 & KCNJ11 - NEXT GENERATION SEQUENCING BASED STRATEGY)*

Details of the Patient

Name :	Gender : M/F	Age:
Address:	Education:	
	Occupation:	
	Ethnic Origin:	
Phone:	E-mail:	
Regular physical activity: Y/N Type: Aerobic/Muscle strengthening/Stretching	Type of Physical Activity: Voluntary/Involuntary Duration/day :	
Type of diet: Veg/Non veg	Approximate Calorie intake per day:	
Smoking: Y/N	Duration:	No. Cigarettes/day:
Alcohol intake: Y/N	Duration:	Amount per week:

Clinical details of the patient

Initial Type of Diabetes:	Year Of Diagnosis:	Age at diagnosis:	
Symptoms at onset:			
Current symptoms:			
Ketosis(anytime) : Yes/No	Ketoacidosis(anytime) : Yes/No		
Initial Weight:	Current weight:	Current Height:	Current BMI:
Family history of diabetes: Yes/No If Yes mention the relation:			
Father BMI:		Mother BMI:	
Diagnosed during pregnancy: YES/NO		If yes, then G.....P.....L.....A.....END.....	
OGTT values during pregnancy:		HbA1C during pregnancy:	
Birth Weight:	Neonatal hypoglycaemia: Yes/No	Treatment during pregnancy:	
Previous GDM: Yes/No		Previous baby birth weight:	
Initial Treatment:		Current Treatment:	
Sensitive to Sulphonyl urea drugs: Yes/No		Insulin within 6 months of onset: Yes/No	
Micro vascular complications if any :			
Macro vascular complications if any :			
Acanthosis nigricans: Y/N	Partial Lipodystrophy: Y/N	Deafness: Y/N	Renal Cysts: Y/N Pancreatic atrophy: Y/N
Initial diabetic profile	Current diabetic profile	GAD antibody levels:	
GRBS:	GRBS:	IA2 antibody levels:	
HbA1C:	HbA1C:	C-Peptide fasting value	
AC/PC:	AC/PC:	C-Peptide 90 min post meal value:	
	Hemoglobin:	Insulin fasting value:	
	Creatinine:	Insulin 90 min post meal value:	

Patient Consent form

1. I have understood that my blood sample will be used for diagnostic and research purposes relevant to my health condition. Please tick: Yes <input type="checkbox"/> No <input type="checkbox"/>
2. I also give my consent to contact me at the address mentioned above regarding my genetic test report and related research. Please tick: Yes <input type="checkbox"/> No <input type="checkbox"/>



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PEDIGREE CHART

(Draw a pedigree chart with details of, 3-4 generations, age of onset, treatment details, complications, hospital no.; contact no: of affected members, Proband name, sample code and hospital no)

Checklist of clinical criteria for MODY genetic testing	
1. Age of onset of diabetes <35 years of age	Yes/No
2. Early onset (<40 years) of diabetes in other family members	Yes/No
3. Autosomal dominant family history	Yes/No
4. Negative GAD/IA2 antibodies	Yes/No
5. No history of DKA	Yes/No
6. No features of insulin resistance	Yes/No

Justify if not fitting into the clinical criteria or provide relevant clinical information



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SPECIMEN SHIPMENT DETAILS (Delivery accepted Monday - Friday)

The patient's information sheet should accompany all specimens.

MODY genetic testing requisition would be accepted only from a qualified healthcare provider.

**WHOLE BLOOD**

Collect 5 ml of whole blood in purple top EDTA tube. For small babies, we require a minimum of 1 ml of blood.

Ship blood tubes at 4 degrees temperature (frozen ice pack) in an insulated container. Do not freeze blood.

Label the tube with the patient name, date of birth and/or ID number and the center from which the sample is being sent.

**GENOMIC DNA**

Send in a sealed tube with at least 20 µg of purified DNA at a concentration of at least 100 ng/ µl. DNA sample can be shipped at room temperature. Include the details of the 260/280 ratio should be around 1.8.

Label the tube with patient's name, date of birth, ID number and name of the referral center.

**The mailing address for the samples:**

Aaron Chapla,  
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Molecular Endocrinology Laboratory,  
Department of Endocrinology, Diabetes and Metabolism,  
Christian Medical College, Vellore-632004, India  
Ph No: 0416 2282181  
Email: aaronchapla@gmail.com

**For further queries or requests contact:**

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