

Biotinidase FOLLOW-UP FORM

I. DIAGNOSIS

- Cleared, > **30 % activity** (code 1705)
 - Carrier, confirmed by DNA testing (code 0706)
- Partial biotinidase deficiency, **10-30% activity** (code 0703)
- Profound biotinidase deficiency, **<10% activity** (code 0702)
 - Designate when identified** (code 0704)
 - Holocarboxylase synthetase deficiency
 - Isolated beta-methylcrotononyl-CoA carboxilase deficiency
 - Acquired biotinidase deficiency
 - Other _____

II. RESULTS

Date of 1st retest _____
Enzyme activity results _____ (attach Lab. results)
DNA testing: Yes, No
DNA results _____ / _____ (attach Lab. results)

Other Diagnostic Tests

Results _____
_____ (attach Lab. results)

III. TREATMENT

Date on Treatment: _____
Date First Seen: _____ **Primary** **Consultant**
Comments: _____

Physician Signature: _____
Printed Physician name: _____
Telephone #: _____ **Date:** _____

Return to Special Child Health Services
Thank you for your assistance.