



## Indications for ES/GS in Critically Ill Neonates

*These criteria do not exclude completion of other genetic testing or consultation in the hospitalization for indications not listed here.*

- Neonatal encephalopathy without inciting event
- Multiple congenital anomalies not suggestive of aneuploidy<sup>i</sup>
- Concern for metabolic disorder<sup>ii</sup>
- Hydrops fetalis without clear etiology
- Neonatal seizures without HIE
- Abnormal neurologic exam including significant hypotonia/hypertonia, weakness Complex congenital heart disease
- Growth abnormality including Intrauterine Growth Restriction (IUGR), Small for Gestational Age (SGA), micro/macrocephaly or overgrowth without clear etiology
- Dysmorphic features

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<sup>i</sup> **Common aneuploidies:** Trisomy 21 (Down syndrome), Trisomy 13 (Patau syndrome), Trisomy 18 (Edward syndrome), Monosomy X (Turner syndrome)

<sup>ii</sup> **Signs of Acute Metabolic Disorders in the Neonatal Period:** Sudden, gradual or insidious onset of sepsis-like features including poor feeding, vomiting, lethargy, seizures, hypoglycemia and lactic acidosis, abnormal urine organic acids, hyperammonemia