

## **Example Study Recommendation Letter #1 (pediatric)**

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To Whom it May Concern:

We are writing to you to request consideration of siblings, [patient names], for enrollment in the Undiagnosed Diseases Network (UDN). [Patient names] are followed by multiple specialists at [hospital name]. They are also followed by local pediatrician [physician name] for routine pediatric care.

[Patient name] is now a [age] year old [gender] with a history of dysmorphic features, failure to thrive, and hepatomegaly of unknown origin. Due to cryptogenic cirrhosis, liver transplant was performed at [age] months of age. Pathology results of [patient name]'s previous liver biopsy was suspicious for a [condition], specifically [specific condition], however, molecular testing for the [gene name] was negative. [Condition] enzyme screening and [condition] screen for the explanted liver sample came back in the low ranges, but not in the deficiency range usually seen. Additional extensive workup was unrevealing.

[Patient name] is now a [age] month old [gender] noted prenatally to have holoprosencephaly via fetal MRI at [time] weeks gestation. Brain MRI performed on DOL [time] was consistent with [description of MRI]. [He/she] was admitted at [age] months of life for evaluation of liver steatosis, microcephaly, and failure to thrive. At [age] months of age, [patient name] was identified to have new onset hepatomegaly in [month] with vomiting. A liver biopsy from [date] identified [results of liver biopsy]. Due to persistent FTT, G tube was placed in [month] with subsequent fungal peritonitis, now post-[time] day course of [medication]. [Patient name] continues to have daily emesis. [Patient name] is currently evaluated for liver transplantation (persistently elevated transaminases and synthetic dysfunction).

Of note, both siblings have a history of IUGR with failure to thrive, improved for [patient name] following liver transplantation. [Patient name] has a history of developmental delays, making significant progress with therapies, and now within normal limits. [Patient name] continues to have developmental delays and facial features similar to [his/her] [brother/sister] during infancy. Given the similarities in the presentation of these two siblings with an unremarkable family history (parents are not consanguineous), whole exome sequencing was obtained for [patient name] and identified a heterozygous mutation in the [gene name], which in the homozygous state is associated with [condition]. Subsequent deletion/duplication testing via the MitoMet oligonucleotide array returned as normal. Mitochondrial genome testing via

massively parallel sequencing was obtained for [patient name] and was unrevealing.

At this time, we are unable to identify a specific genetic etiology that would explain the findings seen in [patient name] and [patient name]. The presentation of two siblings with similar features, however, is suggestive of a possible autosomal recessive condition, which remains undiagnosed at this time. Parents are interested in identifying a diagnosis, and are also interested in having a third child. We would like to refer these siblings to the Undiagnosed Diseases Network for further evaluation to try and identify a diagnosis. Thank you for your review and consideration for acceptance into the program. Please do not hesitate to contact our office at [phone number] if you have any questions or require any additional materials.

Sincerely,

*Healthcare provider signature*

[Healthcare provider name]

## **Example Study Recommendation Letter #2 (pediatric)**

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To Whom it May Concern:

I have followed [patient name] since [age] months of age. [He/she] has a history of significant global developmental delay, [he/she] is nonverbal, has hyperoral behavior, macrocephaly, small stature, [further description]. [He/she] has a great disposition and visually interacts with [his/her] environment. [He/she] has continued to make very slow but steady motor development but has never developed speech. [He/she] has never had seizures or developmental regression. Significant genetic, metabolic, and neurodiagnostic evaluation (as listed below) has yet to yield an underlying diagnosis. I am referring [him/her] to the Undiagnosed Diseases Network in attempts to find a unifying diagnosis for [his/her] multitude of symptoms. I truly feel that there is an underlying metabolic or genetic cause for [his/her] symptoms that our testing thus far has not uncovered. [He/she] has been seen by numerous other specialists across the country.

[His/her] evaluation to date includes:

Normal or negative metabolic studies:

Urine organic acids

Serum amino acids

Creatinine guanidinoacetate

Etc.

Normal or negative genetic studies:

Routine chromosomes

Chromosomal microarray [year]

mtDNA point mutations and deletions

GeneDx 101 mitochondrial nuclear gene panel

Etc.

Neuroimaging/neurodiagnostics:

[year]--- MRI showed [results]

[year] CT showed [results]

Etc.

Normal or negative CSF studies:  
Neurotransmitters  
Biopterin

I truly appreciate your consideration for evaluation for [patient name]. This family has been on a very long quest to find a diagnosis and would be grateful for the opportunity to have [him/her] evaluated through the UDN.

Sincerely,

*Healthcare provider signature*

[Healthcare provider name]

### **Example Study Recommendation Letter #3 (pediatric)**

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Dear Undiagnosed Diseases Network,

I wholeheartedly recommend [patient name] to be evaluated by the Undiagnosed Diseases Network. [He/she] is a [age] year old with persistent myalgias, dyspnea, [description of condition] of unknown etiology. There are several other family members who are less severely affected with similar symptoms, suggesting a genetic etiology.

I recently met [patient name] to evaluate him for endocrinologic involvement of [his/her] presentation. While I did not find any endocrine pathology, I wanted to take the opportunity to refer him to the UDN. The notes from [his/her] neurologist Dr. [name] will have more details on his history, but I will describe the summary of what I learned.

[patient name] currently presents with [symptoms]. [Patient name]'s family reports that [patient name]'s symptoms initially began at [age] years of age when he began complaining of leg pain out of proportion to those expected for his age. He was evaluated at [age] years of age by a rheumatologist at [hospital], and then by Neurology where a deltoid biopsy was performed and reportedly normal. Additionally, other genetic testing for different forms of [condition] was negative. [He/she] was then referred to Dr. [name] at [hospital]. An EMG was normal, but a quadriceps biopsy showed a predominance of [finding] of unclear significance.

[Patient name]'s symptoms have all progressed over time. [He/she] complains of significant exercise intolerance and weakness in all muscles that have been slowly worsening over time. [His/her] weakness is particularly extreme after activity. Additionally, [patient name] has pain in [his/her] legs, around [his/her] neck, and lower back that is present all the time, although also worsened with activity. [He/she] has seen some improvement in the pain, especially in [area], after starting [medication]. [He/she] occasionally tries [medication] without much relief. The pain is particularly bad [time of day] whereas [his/her] other symptoms seem to be more extreme [time of day]. [His/her] [parent] notes that [he/she] also has some ptosis and [symptom] on several mornings when [he/she] wakes up that sometimes persists later in the day. Initially, this was one-sided, predominantly on the [side], but now appears to be bilateral. [Patient name] walks when [he/she] is at home but uses a wheelchair for transportation of further distances. [He/she] also appears to have [symptoms]. [His/her] motor strength and reflexes, however, are typically normal when [he/she] is evaluated in the neuromuscular clinic, suggesting that [patient name] has more trouble with fatigue than baseline muscle weakness. [He/she] also has a normal serum CK level. [He/she] has had evaluations for [syndromes] that were negative. [He/she] also had an empiric

trial of [medication] that did not improve [his/her] symptoms. Dr. [name] most recently requested a [test] given the [symptoms].

[Patient name] recently developed [symptom] on [his/her] back, which particularly precipitated the referral to my clinic. I did not feel any sign of excess [hormone]. [He/she] was also evaluated by dermatology who felt these to be [condition]. Additionally, [he/she] has a [birthmark].

[Patient name] has been seen by several other specialists. [He/she] follows with Dr. [name] at [hospital] for pulmonary and has been noted to have [symptom]. [He/she] also was briefly followed by Dr. [name] in [state] at [hospital] for some time, but no further diagnoses were noted. [He/she] has been evaluated by Cardiology with a normal echo and EKG. [He/she] has also been evaluated by Physical Therapy, who did not think that [he/she] would benefit from their intervention due to [his/her] exercise intolerance.

[Patient name]'s family history is of particular interest. [His/her] [Parent] is healthy other than migraines and is of [ethnicity] background. [His/her] [Parent] is healthy and of [ethnicity] descent. There is no consanguinity in the family. [Patient name] has [number] siblings. [His/her] oldest sibling is [age] years old with some slight degree of muscle weakness as well. [He/she] has [number] healthy child and is currently pregnant with no complications. [Patient name]'s oldest brother is [age] years old, and his next sibling is [age] years old. Both of them are healthy except for some asthma and allergies. [Patient name] has an [age]-year old sibling who has joint and muscle problems that are not as severe as [patient's].

Thank you for your consideration of [patient's] application.

Sincerely,

*Healthcare provider signature*

[Healthcare provider name]

## Example Study Recommendation Letter #4 (adult)

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Dear Undiagnosed Diseases Network Team,

I propose my patient [name] for your special protocol in the Undiagnosed Diseases Network. When I learned of your protocol, I immediately thought of [him/her]. [He/she] seems an ideal participant in your program.

Symptoms & History: [Name] suffers from an excruciating and bizarre illness that has devastated [his/her] life and gone undiagnosed for [number] years despite exhaustive workups at [institution] and here at [institution]. [He/she] has consulted over 100 medical specialists of whom many are at the pinnacle of their fields. [name] is a pleasant, intelligent [man/woman] and a motivated, cooperative patient.

- [Name] is a fair-skinned [age]-year old [man/woman] who has been disabled for the last [number] of years by burning facial pain and flushing of elusive etiology. [His/her] entire face and ears are involved; they are inflamed, red, and hot to the touch.
- Onset was rapid and for no apparent reason. Prior to the illness, [he/she] was in excellent health, a parent with a healthy child and successful professional who worked full-time.
- The facial pain requires [name] to remain nearly all the time in a cold room with a fan blowing directly on [his/her] face. [more explanation]
- While [name]'s face and ears are chronically hot, the rest of [his/her] body [description].
- [Name] has anhidrosis over 90% of [his/her] body. However, sweating that cannot be elicited by heat can sometimes be elicited with [system] stimulation.
- [He/she] developed [eye condition] in [his/her] [age], since remedied surgically.
- Other major symptoms include: [additional symptoms]

Diagnostics & Etiology: [Name]'s case is a medical mystery cutting across many organ systems/branches of medicine. One might describe it functionally as a putative sympathetic neurologic disorder of the thermoregulatory system that especially affects the vasculature and skin of the head. The origin of the proposed neuropathy could be genetic, autoimmune, infectious, toxicological, or some combination.

There are a number of tantalizing but unexplained clues including:

1. [He/she] is a carrier of one copy of the gene for the rare recessive genetic disease [condition], of which [his/her] relative died. But the [condition] experts have never seen

symptoms manifested in a [condition] carrier.

2. [Protease] levels are chronically high, but not high enough for [condition]/
3. [He/she] tests relatively normal on most blood and urine diagnostics, but with some curious exceptions: high on [tests]. Low on [tests].
4. [Medication] has a minor positive effect on [his/her] symptoms and [he/she] takes it on an ongoing basis. This is the most helpful of the 100 or so medications that have been tried.
5. [He/she] has idiosyncratic negative reactions to many medications, often responding to “subclinical” doses.
6. [Name] was on a course of the medication [medication name] when [his/her] illness started, but there are no other documented cases of such a reaction to this medication.
7. A number of surgical sympathetic blocks have been implemented on a temporary basis, sometimes with great beneficial effect and sometimes the opposite.
8. Her illness bears some similarity to [condition], itself a rare and largely unexplained disease. However, [condition] affects the feet and sometimes the hands, and there is little or no reference in the literature to a similar disease affecting only the face.

Records: [Name] has carefully retained and organized the voluminous diagnostics and reports on [his/her] condition over [time] years seeking a diagnosis and treatment. This should be helpful to your efforts.

My role: While I am a [specialist] in private practice, I have served as [his/her] primary physician since very early in the illness. I would be pleased to support your efforts and provide follow-up. I understand that several other physicians that regularly see [name] are also in support of [his/her] application and would be available to communicate with you if requested.

Patient’s perspective: [Name] has been exhaustive and courageous in seeking an explanation for this illness. [He/she] read about your program in [magazine]. [He/she] fully understands that your program is primarily for research purposes and that the chances of significant benefits from participating are rather small. Please consider [him/her] for your program. My contact information and [his/hers] appears below.

Sincerely,

*Healthcare provider signature*

[Healthcare provider name]