

Pompe Disease Medical Family Tree

Begin by completing the information about yourself and then be sure to fill in both sides of your family.

		GUIDE			
Paternal Grandfather InitialsState Year of Birth/AgeLiving? O Yes O No Pompe Disease? O Yes O No O I don't know Carrier? O Yes O No O I don't know	Paternal Grandmother InitialsState Year of Birth/AgeLiving? O Yes O No Pompe Disease? O Yes O No O I don't know Carrier? O Yes O No O I don't know	Diamonds can be used for either To show a f	INDIVIDUAL amily member a disease, fill in Image: State of the circle, square, or diamond Image: State of the circle, square, or diamond	Maternal Grandfather InitialsState Year of Birth/AgeLiving? O Yes O No Pompe Disease? O Yes O No O I don't know Carrier? O Yes O No O I don't know	Maternal Grandmother InitialsState Year of Birth/AgeLiving? O Yes O No Pompe Disease? O Yes O No O I don't know Carrier? O Yes O No O I don't know
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