



Instructions: The accurate interpretation and reporting of familial genetic results is highly contingent upon the clinical information provided, and family history. The ordering clinician should supply the information requested below; this is required to proceed with testing, send paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Cytogenetics Lab Genetic Counselors at 507-284-1759. Phone: 507-266-5700 / International clients: +1-507-266-5700 or email mclglobal@mayo.edu.

Place Label Here

Patient Information (parent or family member information)

Form with fields for Patient Name (Last, First, Middle), Birth Date (mm-dd-yyyy), Sex Assigned at Birth (Male, Female, Unknown, Choose not to disclose), and Legal/Administrative Sex (Male, Female, Nonbinary).

Referring Provider Information (required)

Form with fields for Referring Provider Name (Last, First), Phone, Email\*, Genetic Counselor Name (Last, First), and Phone, Email\*.

Reason for Testing

Form with fields for Clinical Status (parent or family member information) and Concordance With Proband—List clinical features/phenotype that are similar to proband.

Family History Important: Attach a copy of the proband's genetic test result and a detailed pedigree, if available.

Proband = initial family member with identified genetic variation.

Form with fields for Proband Name (family member who had genetic testing) (Last, First, Middle), Birth Date (mm-dd-yyyy), Relationship to the Proband, and Testing Performed at Mayo Clinic (Yes, order no. (if known) or No, include copy of outside report\*).

Clinical Information (parent or family member information) Check all that apply.

\*Consultation with the lab is required prior to submitting specimen.

Large form with multiple columns for clinical information, including Growth, Hearing/Vision, Craniofacial, Genitourinary, Musculoskeletal, Gastrointestinal, Cardiac, Cutaneous, Behavioral/Psychiatric, Cognitive/Developmental, and Neurological.