



Instructions: Accurate interpretation and reporting of genetic results is contingent upon the reason for testing, clinical information, ethnic background/ancestry, and family history. To help provide the best possible service, supply the information requested below and send paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Molecular Technologies Laboratory Genetic Counselors at 507-284-1759. Phone: 800-533-1710 / International clients: +1-507-266-5700 or email MLIINT@mayo.edu

Patient 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

Form with fields for Referring Provider Name (Last, First), Phone, Fax*, and Other Contact Name (Last, First), Phone, Fax*.

*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

Reason for Testing Check all that apply.

Form with checkboxes for Diagnosis, Family history**, and Prenatal diagnosis. Includes a note: **Genetic testing should be performed on an affected family member first, when possible. FMTT / Familial Mutation Targeted Testing should be ordered when there is a previous positive genetic test result in the family.

Clinical History

Large form for Clinical History with checkboxes for various symptoms and conditions: Diagnosis/Suspected Diagnosis (Baraitser-Winter syndrome, CFC syndrome, Costello syndrome, Legius syndrome, etc.), Cardiovascular, Skeletal, Facial dysmorphism, Developmental, Cutaneous, Hair abnormalities, and Additional features.

Family History

Form with questions: Are there similarly affected relatives? (Yes/No), Have any family member had genetic testing? (Yes/No/Unknown), and History of consanguinity (No/Yes).

Ancestry

Form with checkboxes for ancestry: African/African American, East Asian, Latinx/Latine, South Asian, Unknown, Ashkenazi Jewish, European, Middle Eastern, None of the above, Choose not to disclose.

New York State Patients: Informed Consent for Genetic Testing is required. See Informed Consent for Genetic Testing (T576), Informed Consent for Genetic Testing – Spanish (T826), or Informed Consent for Genetic Testing for Deceased Individuals (T782).