



Instructions: Accurate interpretation and reporting of genetic results is contingent upon the reason for testing and clinical information. **The information below is *required* for UNIPD / Uniparental Disomy, *Varies*. Send this paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Genetic Counselors at 507-284-1759. Phone: 800-533-1710 / International clients: +1-507-266-5700 or email MLIINT@mayo.edu**

Patient Information

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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Referring Provider Information

Referring Provider Name <i>(Last, First)</i>	Phone	Fax*
Genetic Counselor Name <i>(Last, First)</i>	Phone	Fax*

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

Reason for Testing

Abnormal karyotype/microarray; details (provide copy of report): _____

Family history chromosome translocation; details: _____

Clinical features suggestive of uniparental disomy; details: _____

Other; details: _____

Clinical History/Information (required)

Is this for follow-up to microarray? No Yes; provide a copy of the microarray report.

Mother Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>
Father Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>

Parent unavailable for testing**

**At least one parent is required for testing. If only one parent is available, contact a genetic counselor at Mayo Clinic Laboratories to discuss further: 800-533-1710.

Chromosome(s) of interest (max of 2 per order): _____

***Due to testing limitations for chromosome 11, contact with a genetic counselor is required prior to requesting testing for chromosome 11.

History of consanguinity: No Yes; relationship details: _____

List all relevant clinical symptoms; attach clinic note:
