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MAYO CLINIC LABORATORIES

Rare Coagulation Disorder Patient Information

Instructions: Genetic testing for rare, hereditary disorders of blood coagulation should only be considered if clinical history and informative coagulation screening rules out an acquired deficiency state such as liver disease and consumptive coagulopathy or vitamin K deficiency. Genetic testing is indicated to evaluate for suspected congenital deficiency or defect in a specific coagulation factor (ie, prothrombin, factor [F] V, FVII, FX, FXI, FXII, FXIII, fibrinogen) or anticoagulant protein (ie, antithrombin, protein C, protein S, thrombomodulin). Providing us with this clinical information is critical to the accurate interpretation and reporting of genetic results. To help us provide the best possible service, supply the information requested below and **send this paperwork with the specimen or return by fax to 507-284-1759.**

Patient Information

Patient Name *(Last, First, Middle)*	Birth Date *(mm-dd-yyyy)*

Sex Assigned at Birth	Legal/Administrative Sex
☐ Male ☐ Female ☐ Unknown ☐ Choose not to disclose	☐ Male ☐ Female ☐ Nonbinary

Referring Provider Information

Referring Provider Name *(Last, First)*	Phone	Fax*
Genetic Counselor/Nurse Name *(Last, First)*	Phone	Fax*

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

Reason for Testing

Clinical Information

Clinical Diagnosis (select one)

- ☐ Atypical hemolytic-uremic syndrome (aHUS)
- ☐ Congenital afibrinogenemia/hypofibrinogenemia
- ☐ Congenital dysfibrinogenemia/hypodysfibrinogenemia
- ☐ Factor II (prothrombin) deficiency
- ☐ Factor V deficiency
- ☐ Factor VII deficiency
- ☐ Factor X deficiency
- ☐ Factor XI deficiency (Hemophilia C)
- ☐ Factor XII deficiency
- ☐ Factor XIII deficiency
- ☐ Hereditary antithrombin (AT) deficiency
- ☐ Hereditary angioedema with normal C1INH (FXII-HAE)
- ☐ Protein C deficiency
- ☐ Protein S deficiency
- ☐ Unexplained familial thrombophilia
- ☐ Unexplained familial excessive bleeding following physical trauma or surgery

Relevant Clinical Presentation (attach case notes, if available):

Relevant Laboratory Findings (attach all coagulation results, if available):

Is patient currently pregnant? ☐ Yes ☐ No If Yes, due date *(mm-dd-yyyy)*:

Has patient had an allogenic bone marrow transplant? ☐ Yes** ☐ No

Previous testing at Mayo Clinic? ☐ Yes ☐ No If Yes, specify:

**A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Family History Include a detailed pedigree, if available.

Are there relatives known to be affected by or carriers of a bleeding or clotting disorder? ☐ Yes ☐ No ☐ Unknown	If Yes, indicate relationship (including degree) to patient or attach pedigree:
Have other relatives had molecular genetic testing for a bleeding or clotting disorder? ☐ Yes ☐ No ☐ Unknown	If Yes, provide results and attach a copy of the genetic test lab report, if available:

If the relative was tested at Mayo Clinic, include the family member name *(First, Middle, Last)*	Birth Date *(mm-dd-yyyy)*

Ethnic Background Ethnic background may assist with interpretation of test results. Check all that apply.

- ☐ African American
- ☐ East Asian
- ☐ European
- ☐ Other, specify:
- ☐ Latino
- ☐ Southeast Asian
- ☐ Jewish

New York State patients: Informed Consent for Genetic Testing is required. See Informed Consent for Genetic Testing (T576) or Informed Consent for Genetic Testing (Spanish) (T826)

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