



Instructions: Accurate interpretation and reporting of genetic results is contingent upon the reason for testing, clinical information, 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*, Genetic Counselor Name (Last, First), Phone, and Fax*.

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

Reason for Testing

Form with field for Diagnosis/Suspected Diagnosis and checkboxes for Carney complex (CNC), Acrodysostosis-1 with hormone resistance, and Other; specify.

Clinical Information

Form with sections for Tumor, Skeletal, Developmental, Cutaneous, and Endocrine, each with checkboxes for various conditions and an 'Other; specify' field. Includes a final field for 'Indicate any additional features present:'.

Ancestry

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

Family History

Form with questions: 'Are other relatives known to be affected?' and 'Have other relatives had molecular genetic testing?'. Includes a bolded instruction: '**FMTT / Familial Mutation Targeted Testing should be ordered when there is a previous positive genetic test result in the family. Contact the lab for ordering assistance.'

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).