Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Metabolic Hematology Patient Information

Instructions: The information requested below is important for interpretation of test results. To help us provide the best possible service, answer the questions completely and **send the paperwork with the specimen**. All answers will be kept confidential.

Patient Information

Patient Name *(Last, First, Middle)*		Birth Date *(mm-dd-yyyy)*
Sex Assigned at Birth ☐ Male ☐ Female ☐ Unknown ☐ Choose not to disclose	Legal/Administrative Sex ☐ Male ☐ Female ☐ Nonbinary	

Referring Provider Information

Referring Provider Name *(Last, First)*	Phone	Email

Reason for Testing See Benign Hematology Evaluation Comparison

Hemoglobin Disorder (consider THEV1 or HBEL1)

☐ Genetic counseling or prenatal
☐ Abnormal newborn screen
☐ Anemia ☐ Microcytosis
☐ Other:

☐ Monitoring of Hb fractions (order HGBCE)
☐ Cyanosis/Hypoxia (order MEV1)

Hemolytic Anemia (consider HAEV1, RBCME, or EEEV1)

Suspect
☐ HS ☐ HE ☐ HPP ☐ HSt
☐ Enzyme disorder:

Coombs: ☐ Pos ☐ Neg

Splenectomy: ☐ Yes ☐ No

Erythrocytosis (consider REVE2)

JAK2 V617F: ☐ Pos ☐ Neg ☐ Not done
JAK2 Exon 12: ☐ Pos ☐ Neg ☐ Not done

Serum Epo:

Phlebotomy: ☐ Yes ☐ No

☐ Smoker ☐ Sleep apnea
☐ Cardio/pulmonary Hx
☐

Ancestry Check all that apply.

☐ African ☐ Arab ☐ European Caucasian ☐ Latino/Latina ☐ Mediterranean ☐ Southeast Asian
☐ Other; specify:

Clinical History

CBC Data	Relevant Clinical Information
HGB: HCT: RBC: MCV: MCH: MCHC: RDW: Retics: Ferritin:	☐ Asymptomatic ☐ Symptomatic: ☐ Acquired ☐ Lifelong/familial Recent transfusion: ☐ Yes ☐ No Last transfusion date *(mm-dd-yyyy)*: Hydroxyurea: ☐ Yes ☐ No Family history: ☐ Yes ☐ No Disorder/relation to patient: Blood smear shows:

Test Reflex Options

As part of HBEL1, THEV1, HAEV1, REVE2, and MEV1 evaluations, the following 5 options are available:

1. Do **NOT** perform molecular testing.
2. Add only alpha globin deletion/duplication testing for common alpha thalassemias.
3. Mayo expert selection of relevant molecular testing (if needed) to explain/exclude:
4. Perform the following tests regardless of protein results:
5. Perform full genotyping (alpha, beta, gamma sequencing and deletions/duplications).

Additional Clinical Information

Print