



Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for testing, clinical information, ethnic background, and family history. To help provide the best possible service, supply the information requested below and send this paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Molecular Genetics Lab Genetic Counselors at 507-284-1759.

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 checkboxes for Carrier Screen (Clinically normal individual with no family history of the condition, Spouse is a carrier of the condition, Family history of the condition; if checked, complete Family History section, Biochemical testing indicates the individual is a carrier, Spouse has family history of the condition, Anonymous egg or sperm donor) and Diagnosis or Suspected Diagnosis (List all relevant clinical symptoms and results of any applicable biochemical diagnostic tests).

Ethnic Background Ethnic background is necessary to provide appropriate interpretation of test results. Check the appropriate box.

Form with checkboxes for African American, Asian, Hispanic, Northern European, Ashkenazi Jewish, French Canadian, Mixed European, Southern European, Caucasian; indicate countries of origin, and Other, specify.

Pregnancy Information

Form with question: Is the patient or partner currently pregnant? Yes No

Family History

Form with questions: Are other relatives known to be affected? Are other relatives known to be carriers? Have other relatives had molecular genetic testing? Gene: Name (First, Middle, Last): Birth Date (mm-dd-yyyy): Mutations: Laboratory where testing was performed: