



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 <i>(Last, First, Middle)</i>		Birth Date <i>(mm-dd-yyyy)</i>
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

Referring Provider Information

Referring Provider Name <i>(Last, First)</i>	Phone	Email
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Ethnic Background: **Ethnic background is necessary to provide appropriate interpretation of test results.**
 African Ashkenazi Jewish Asian Arab European Other: _____

Clinical History

Reasons for Testing
 Microcytosis Erythrocytosis Previously known hemoglobinopathy
 Prenatal/Carrier testing Cyanosis Diagnosis: _____
 Hemolytic anemia Abnormal newborn screen Previously tested at Mayo Clinic? Yes No
 Sickle monitor/treatment monitor Other: _____

Family History
 Are other relatives known to be affected? Yes No
 If yes, explain disorder and relationship to patient: _____

If relative was tested at Mayo Clinic, include the name of the family member.

RBC _____ HGB _____ HCT _____	Recent transfusion history: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
MCV _____ RDW _____ MCH _____	If yes, date(s) of last transfusion(s): _____
MCHC _____ Ferritin _____ Retic count _____	Splenomegaly: <input type="checkbox"/> Yes <input type="checkbox"/> No Hydroxyurea treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No

Relevant Clinical Information

As part of this evaluation:
 Do not perform molecular testing

Perform molecular testing:
 Metabolic Laboratory Selected* molecular testing to explain: _____ or exclude: _____

Perform regardless of protein results: (check all that apply)
 Alpha Globin Gene MLPA† (*α deletions*)**
 Beta Globin Gene Sequencing (*β variants / β thal*)
 Beta Globin Cluster MLPA† (*β cluster deletions: β thal, HPFH, δβ thal, εγδβ thal*)
 Alpha Globin Gene Sequencing (*α variants / nondeletional α thal*)

* If checked, Mayo experts select testing.
 If a specific test is not performed, it can be added subsequently at client request (sample volume permitting).
 ** Assay available as a reflex test in the THEV1 / Thalassemia and Hemoglobinopathy Evaluation, Blood and Serum or separate order ATHAL test.
 † MPLA tests require a minimum of 3 mL of blood.