Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Molecular Genetics: Inherited Cancer Syndromes Patient Information

Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for referral, clinical information, ethnic background, and family history. **To help provide the best possible service, supply the requested information below or attach a relevant clinic note and send with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Molecular Genetics Lab Genetic Counselors at 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

Provider Name *(Last, First)*	Specialty	Phone	Fax*
Genetic Counselor Name *(Last, First)*		Phone	Fax*

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

Reason for Testing Check all that apply.

☐ Personal history ☐ Family history ☐ Personal and family history ☐ Other, specify:

Ethnic Background/Ancestry Check all that apply.

☐ European ☐ Ashkenazi Jewish ☐ French Canadian ☐ African American ☐ Native American ☐ Portuguese
☐ Latine/Latinx ☐ Other, specify:

Patient History Check all that apply; indicate age of diagnosis in the blank after each unless otherwise indicated.

☐ Adrenal;
☐ Brain;
☐ Breast;
☐ Colorectal;
☐ Polyposis; type:
☐ Endometrial;
☐ Gastric;
☐ Kidney;
☐ Leukemia;
☐ Thyroid (☐ Medullary);
☐ Ovarian;
☐ Pancreatic;
☐ Parathyroid;
☐ Paraganglioma;
☐ Pheochromocytoma;
☐ Pituitary;
☐ Prostate;
☐ Wilms tumor (☐ Aniridia);
☐ Other:
age;
☐ Skin findings, describe:
☐ Other manifestations; list:

Cumulative number of polyps:
☐ <5 ☐ 21–50 ☐ 100+
☐ 5–20 ☐ 51–100

Family History Attach a detailed pedigree, if available, or provide the information below.

Relationship to Patient	Maternal or Paternal	Cancer Type	Age at Diagnosis	Familial Variant Status (if no known variant in family, choose NA)
				☐ Positive ☐ Negative ☐ Not tested ☐ Unknown ☐ NA
				☐ Positive ☐ Negative ☐ Not tested ☐ Unknown ☐ NA
				☐ Positive ☐ Negative ☐ Not tested ☐ Unknown ☐ NA
				☐ Positive ☐ Negative ☐ Not tested ☐ Unknown ☐ NA
				☐ Positive ☐ Negative ☐ Not tested ☐ Unknown ☐ NA

Relative's Performing Lab	Gene	Variant p. c. or exon(s)

Print