



Complete all information below. Send paperwork with the specimen or return by fax to MCL Biochemical Genetics Laboratory, 507-266-2888. For questions or additional assistance, call 800-533-1710 and ask for the on-call Biochemical Genetics Counselor.

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 Requesting 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 Do not use this form for prenatal testing.

Form with checkboxes and lines for Reason for Testing: Positive newborn screen for, Rule out, Monitor Treatment, Family History, Carrier Screening, and Abnormal molecular test result.

Specimen Information

Form with fields for Date Today (mm-dd-yyyy) and Collection Date (mm-dd-yyyy).

Clinical Information

Form with text for Clinical Information: List all relevant clinical information and the results of any applicable testing (screening and diagnostic); checkboxes for Current acute illness, Chronic symptoms, Intermittent symptoms, currently well; Molecular testing result; and Current medications and diet.

Family History

Form with text for Family History: Ethnic background of patient; Are there any other individuals in the family diagnosed with or suspected of having this condition? (Yes/No); and List all relevant clinical information and test results for each individual.