

## **Erythrocytosis Patient Information**

**Instructions:** The accurate interpretation and reporting of the results is contingent upon the reason for testing, ancestry, clinical information, and family history. To help provide the best possible service, supply the information requested below and **send paperwork with the specimen.** 

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		
Referring Provider Name (Last, First)	Phone	Fax*
The country of the co		
Referring Provider Email		
*Fax number provided must be from a fax machine that complies with applicable HIPAA regulations.  Reason for Testing		
Anacotra		
Ancestry		
☐ African ☐ Arab ☐ European ☐ Hispanic ☐ Mediterranean ☐ Southeast Asian		
☐ Other, specify:		
Clinical Information		
CBC Data ABG Data		
	PC02:	
	HCO3:	
PLTS: SaO2 (room a	air): A-a 02	gradient:
Erythropoietin (EPO) level (serum): JAK2 V617F	: Desitive Degative	e □ Not tested
./AK2 Fxon 1	_	e 🗆 Not tested
Oxygen dissociation p50 result, if tested:		
Relevant Clinical Information		
Deticat History		
Patient History:   Asymptomatic   Symptomatic:   The second secon		
<ul><li>☐ Increased Hgb</li><li>☐ Thrombosis</li><li>☐ Telangiectasia</li><li>☐ Cardiopulmonary disorder</li></ul>		
☐ Increased RBC count ☐ Chronic thrombocytopenia ☐ Cardiopulmonary disorder ☐ Current smoker (including hookah) ☐ Monoclonal gammopathy		
☐ Paraganglioma, pheochromocytoma ☐ Sleep apnea		
History of		
Splenectomy: ☐ Yes ☐ No Splenomegaly: ☐ Yes ☐ No Phlebotomy: ☐ Yes ☐ No Exogenous EPO Rx: ☐ Yes ☐ No		
Other Rx:		
Family History		
Family history of similar disorder?   Yes   No		
If "Yes" and the relative was tested at Mayo Clinic, include the names of the family members:		
and and reaction that tooled at mayo omino, molado are named of any farming molingore.		