



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

Referring Provider Information

Referring Provider Name (Last, First) Phone Fax\* Referring Provider Email

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

Reason for Testing

Reason for testing text area

Ancestry

African Arab European Hispanic Mediterranean Southeast Asian Other, specify:

Clinical Information

CBC Data ABG Data Erythropoietin (EPO) level Oxygen dissociation p50 result Relevant Clinical Information Patient History History of Splenectomy Splenomegaly Phlebotomy Exogenous EPO Rx Other Rx

Family History

Family history of similar disorder? If "Yes" and the relative was tested at Mayo Clinic, include the names of the family members: