



Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for testing, clinical history, family history, and ancestry. To help provide the best possible service, supply the information requested below and send paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Molecular Technologies Laboratory Genetic Counselors at 507-284-1759. Phone: 507-266-5700 / International clients: +1-507-266-5700 or email MLIINT@mayo.edu.

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 Referring Provider Name (Last, First), Phone, Fax*, Other Contact/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

Form with checkboxes for Diagnosis, Family history**, and Other; specify: _____
**Genetic testing should be performed on an affected family member first, when available. FMTT / Familial Mutation Targeted Testing should be ordered when there is a previous positive genetic test result in the family.

Clinical History Check all that apply.

Form with fields for Patient's clinical status (Asymptomatic, Symptomatic, Other: _____), Indicate whether the following are present (Warts, Mycobacterial disease, Viral infections, etc.), Preliminary screening results (WBC, Absolute Neutrophil count, etc.), Patient treatment history (No treatment, Chemotherapy, etc.), and Other relevant clinical history.

Family History

Form with checkboxes for Are there similarly affected relatives? (Yes, No) and Have any family members had genetic testing? (Yes***, No, Unknown).
***FMTT / Familial Mutation Targeted Testing should be ordered when there is a previous positive genetic test result in the family. Contact the lab for ordering assistance.

Ancestry

Form with checkboxes for Ancestry: African/African American, East Asian, Latinx/Latine, South Asian, Choose not to disclose, Ashkenazi Jewish, European, Middle Eastern, None of the above, Unknown.

New York State Patients: Informed Consent for Genetic Testing is required. See Informed Consent for Genetic Testing (T576), or Informed Consent for Genetic Testing – Spanish (T826).