MAYO CLINIC
Mayo Medical Laboratories

Erythrocytosis Patient Information Sheet

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

Patient Information

Patient Name *(Last Name, First Name, Middle Initial)*	Birth Date *(Month DD, YYYY)*	Sex ☐ Male ☐ Female

Referring Physician Name	Phone	Fax

Physician Email

Ethnic Origin/Race **Ethnic background is necessary to provide appropriate interpretation of test results.**

☐ Eastern European/Russian/Chuvash ☐ Pakistani/Indian ☐ Italian/Mediterranean ☐ African ☐ Jewish

☐ European ☐ Asian _____ ☐ Hispanic _____ ☐ Other_____

Clinical History (check all that apply)

CBC values:	ABG values:
RBC _____ HgB _____ MCV _____	PO_2 _____ PCO_2 _____
RDW _____ WBC _____ HCT _____	pH _____ HCO_3 _____
PLTS _____	SaO_2 (room air) _____ A-a O_2 gradient _____

Erythropoietin (EPO) Level (serum) _____ Patient treated with Exogenous EPO? ☐ Yes ☐ No

Oxygen Dissociation p50 result (if tested) _____

JAK2 V617F result ☐ Positive ☐ Negative ☐ Not Tested

JAK2 Exon 12 result ☐ Positive ☐ Negative ☐ Not Tested

Is testing being performed for genetic counseling?	Splenomegaly	Recently Phlebotomized
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Family history of similar disorder ☐ Yes ☐ No

If yes and the relative was tested at Mayo Clinic, include the name(s) of the family member(s):

Relevant Clinical Information

Patient History of:

☐ Erythrocytosis ☐ Current Smoker ☐ Sleep Apnea ☐ Telangiectasia ☐ Thrombosis ☐ Paraganglioma, Pheochromocytoma

☐ Cyanosis/Apoxia ☐ Past Smoker ☐ Cardio Pulmonary Disorder ☐ Monoclonal Gammopathy

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