F A D H P T I N

MAYO CLINIC
Mayo Medical Laboratories

Familial/Autosomal Dominant Hypercholesterolemia Patient Information Sheet

Instructions: The accurate interpretation and reporting of the genetic 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, First, Middle)*		Birth Date	Age	Sex ☐ Male ☐ Female
Referring Physician Name	Phone	Fax		
Other Contact	Phone	Fax		

LDLRK / Familial Hypercholesterolemia, LDLR Gene, Known Mutation (If applicable)

If LDLR Gene, Known Mutation is ordered, the following information must be provided:

Exon___________ Amino Acid___________ Nucleotide___________ OR Intron___________ Nucleotide___________

Proband's relationship to patient:

Clinical History (Check all that apply)

Pertinent Clinical and Laboratory History	
Total cholesterol _____ mg/dL OR ____ mmol/L	Tendon xanthomas? ☐ Yes ☐ No
LDL cholesterol _____ mg/dL OR ____ mmol/L	Cutaneous xanthomas? ☐ Yes ☐ No
History of coronary artery disease? ☐ Yes ☐ No	History of myocardial infarction? ☐ Yes ☐ No
Other Information:	

Ethnic Background - *Ethnic background may assist with interpretation of test results.*

☐ European/Caucasian *(List countries of origin)* ____________________

☐ African American ☐ Hispanic ☐ Asian ☐ Other *(specify)*____________________

Family History (Include a detailed pedigree, if available)

Is there a family history of young onset myocardial infarction (MI)? ☐ Yes ☐ No	If yes, indicate the age at time of MI and relationship to the patient:
Is there a family history of high cholesterol? ☐ Yes ☐ No	If yes, indicate the relationship to the patient:
Have other relatives been diagnosed with familial hypercholesterolemia? ☐ Yes ☐ No	If yes, indicate the relationship to the patient:
Have other relatives had molecular genetic testing? ☐ Yes ☐ No	If yes, please indicate the performing laboratory and attach a copy of the genetic test lab report if available:
If the relative was tested at Mayo Clinic, Include the name of the family member	

©2014 Mayo Foundation for Medical Education and Research