



Familial Mutation Testing: Required Patient Information

The accurate interpretation and reporting of 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 this paperwork with the specimen or return by fax to the Molecular Genetics Laboratory 507-284-0670.**

Patient Information

Patient Name (<i>Last, First, Middle</i>)	Birth Date (<i>Month DD, YYYY</i>)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Physician Name (<i>Last, First</i>)	Phone	Fax
Genetic Counselor	Phone	Fax

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

Clinical Information

Patient's Clinical Status: Symptomatic Asymptomatic
 If symptomatic, provide symptoms/clinical history in the space below:

Ethnic Background

Northern European Caucasian Hispanic Ashkenazi Jewish Southern European Caucasian
 Mixed European Caucasian Asian French Canadian African American
 Caucasian: Indicate countries of origin: _____ Other (specify): _____

Familial Mutations

The Familial Mutation, Targeted Testing (FMTT) cannot be performed without the information below.

Is the familial mutation a nucleotide substitution or a small insertion/deletion of nucleotides? Yes No
 If yes, provide the familial mutations here:

Mutation 1: Gene _____ Exon/Intron _____ Nucleotide _____ Amino Acid _____
 Mutation 2: Gene _____ Exon/Intron _____ Nucleotide _____ Amino Acid _____
 Mutation 3: Gene _____ Exon/Intron _____ Nucleotide _____ Amino Acid _____

Is the familial mutation a large deletion or duplication involving one or more exons? Yes No
 If yes, provide the familial deletion/duplication here:

Deletion Duplication (select one)
 Gene _____ Exons _____

Family History

Include the name and birth date of the family members who have had genetic testing (ie, proband): _____

Include the family member's relationship to the patient: _____

Important: Attach a copy of the proband's genetic test result and a detailed pedigree, if available.