

Family Member Phenotype Information for Genomic Testing

Instructions: The accurate interpretation and reporting of familial genetic results is highly contingent upon the clinical information provided, and family history. The ordering clinician should supply the information requested below; this is required to proceed with testing, send paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Cytogenetics Lab Genetic Counselors at 507-284-1759. Phone: 507-266-5700 / International clients: +1-507-266-5700 or email mclglobal@mayo.edu.

Place Label Here

Patient Information (parent or family men	oher information)	sinayoloddi	L _	
Patient Information (parent or family member information) Patient Name (Last, First, Middle)			Birth Date (mm-dd-yyyy)	
Sex Assigned at Birth Male Female Unknown (Choose not to disclose Legal/Adm	ninistrative Sex ale □ Female □ No	onbinary	
Referring Provider Information (requir	red)			
Referring Provider Name (Last, First)	Phone	Email* *Any communication sent via email will		
Genetic Counselor Name (Last, First)	Phone	ail* comply with applicable HIPAA regulations.		
Reason for Testing				
Clinical Status (parent or family member information)			omatic, complete checklist below.	
Concordance With Proband—List clinical features/ Family History Important: Attach a copy of t			available.	
Proband = initial family member with identified genet		u uuu puu.g.uu,		
Proband Name (family member who had genetic testing) (Last, First, Middle)		_	Testing Performed at Mayo Clinic	
Pirth Data (man dd man) Polationahin to the Pro	hond	☐ Yes, order no. (if known)		
Birth Date (mm-dd-yyyy) Relationship to the Pro	Doanu		ppy of outside report*	
Clinical Information (parent or family men	nber information) Check all that a	pply. *Consultation	n with the lab is required prior to submitting specimen	
□ Normal □ Failure to thrive □ Overgrowth □ Short stature □ Other: Hearing/Vision □ Abnormality of eye movement □ Abnormality of vision □ Hearing loss □ Other: □ Craniofacial □ Normal □ Cleft lip □ Cleft palate □ Craniosynostosis □ Dysmorphic features □ Ear malformation □ Macrocephaly □ Microcephaly □ Other: □ Genitourinary □ Normal □ Ambiguous genitalia □ Cryptorchidism □ Hydronephrosis □ Hypospadias □ Kidney malformation □ Other:	Normal	Behavi	Normal Hyperpigmentation Hypopigmentation Other: ioral/Psychiatric Normal ADHD Autism spectrum disorder Oppositional-defiant disorder Pervasive developmental delay Other: Ive/Developmental Intellectual disability/MR Learning disability/Special Education Other: Iogical Normal Normal Cerebral Palsy Encephalopathy Hypotonia Hypertonia Seizures Spasticity Structural brain anomaly Other:	