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MAYO CLINIC
Mayo Medical Laboratories

Hemophilia B: Patient Information

Accurate interpretation and reporting of genetic results is contingent upon receiving information on the reason for referral, ethnic background of patient, and family history. Supply information requested below and send paperwork with the specimen or return by fax 507-284-8286.

Patient Information

Patient Name *(Last, First, Middle I,)*	Birth Date *(Month DD, YYYY)*	Gender ☐ Male ☐ Female
Referring Physician *(Last, First)*	Phone	Fax*
Other Contact	Phone	Fax*

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

Affiliation

Hemophilia Center Affiliation:
☐ No ☐ Yes If yes, which center: _____

F9 Known Mutation

If FIXKM / Hemophilia B, Factor IX Gene Known Mutation Screening is ordered, the following information MUST be provided or testing cannot be completed:

Known familial mutation _____

Proband's relationship to patient _____

F9 Mutation Screen

If FIXMS / Hemophilia B, Factor IX Gene Mutation Screening is ordered, is it because:

☐ Patient has a diagnosis or suspected diagnosis of Hemophilia B and you would like to identify the underlying mutation.
☐ Patient has a family history of Hemophilia B.
☐ Patient is a known or suspected carrier for Hemophilia B, and the mutation in the family has not been previously identified.

Pregnancy Information

Is patient or partner currently pregnant? ☐ No ☐ Yes If yes, weeks gestation _____	Prenatal specimen? ☐ No ☐ Yes If yes, specify specimen type: ☐ CVS ☐ AF Cord blood specimen? ☐ No ☐ Yes

Clinical Information

Factor IX Coagulant Activity	Indicate any other relevant clinical information:
☐ Undetermined or unavailable ☐ 0-1% of normal (severely affected) ☐ 1-5% of normal (moderately affected) ☐ More than 5% of normal (mildly affected)	

Family History

Are there relatives known to be affected or to be a carrier of Hemophilia B?
☐ No ☐ Unknown ☐ Yes Indicate relationship (including degree) to patient or attach pedigree.

Have other relatives had molecular genetic testing for Hemophilia B?
☐ No ☐ Unknown ☐ Yes provide results and attach a copy of the genetic test lab report, if available.

If the relative was tested at Mayo Clinic, include the name and birth date of the family member.

Attach a detailed pedigree, if available.

Print