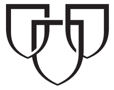

MAYO CLINIC
Mayo Medical Laboratories

Red Cell Membrane Disorders Information

Accurate interpretation is contingent upon the reason for referral, clinical information, ethnic background, and family history. Supply the information requested below and **send paperwork with the specimen.**

Patient Information

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

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

Clinical History (check all that apply)

Suspect:
☐ Hereditary Spherocytosis ☐ Hereditary Elliptocytosis ☐ Hereditary Pyropoikilocytosis

Reasons for Testing
☐ Hemolytic anemia
  ☐ Lifelong anemia
  ☐ Acquired anemia
☐ Prenatal/Carrier Testing
☐ Screening for______________________

☐ Gallstones
☐ Marked Poikilocytosis
☐ Spherocytes
☐ Non-specific anemia

☐ Other__________________________________
☐ Elliptocytes
☐ Follow-up of previous results
Previously tested at Mayo Clinic ☐ Yes ☐ No

Family History

Are other relatives known to be affected? ☐ Yes ☐ No
Explain ____

If relative was tested at Mayo Clinic, include the name of the family member ______________________________

RBC _________________ HGB __________ MCV __________ Recent transfusion ☐ Yes ☐ No
RDW _________________ WBC __________ HCT __________ ☐ Unknown Date ______________________
Ferritin_________________ MCH __________ MCHC __________ Splenectomized? ☐ Yes ☐ No

Relevant Clinical Information

Peripheral blood smear shows:____

Coombs test: ☐ Positive ☐ Negative ☐ Not done

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

☐ African ☐ Arab ☐ European ☐ Hispanic ☐ Jewish ☐ Southeast Asian
☐ Caucasian ☐ Asian ☐ Other____________________

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