Please complete, print and submit. Reset Form

MAYO CLINIC
Mayo Medical Laboratories

# *TCR V beta Spectratyping Assay Patient Information*

**Instructions:** Provide the requested clinical information below for appropriate interpretation of test result.

Specimens must be shipped overnight at **AMBIENT** temperature (20° C-25° C). Specimens that arrive at temperatures above the ambient temperature undergo varying degrees of hemolysis which may interfere with the performance of the assay. **Samples should not be refrigerated or frozen.**

## Patient Information

| Patient Name *(Last, First, Middle)* | | | |
|---|---|---|---|
| Birth Date *(Month DD, YYYY)* | Sex ☐ Male ☐ Female | Unique Patient Identifying Number (if available) | |
| Referring Physician Name | | Phone | Fax |
| Other Contact | | Phone | Fax |

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

| | |
|---|---|
| Baseline Analysis ☐ Yes ☐ No | |
| Longitudinal Monitoring ☐ Yes ☐ No | |
| If Yes and available, provide date of last sample sent | |

## Treatment History (check all that apply)

| **Hematopoietic Cell Transplant (HCT)** (specify allogeneic, autologous, cord blood, haploidentical) | | |
|---|---|---|
| Pre-HCT ☐ Yes ☐ No | Conditioning Date *(Month DD, YYYY)* | |
| Post-HCT ☐ Yes ☐ No | HCT Date *(Month DD, YYYY)* | Conditioning Received ☐ Yes ☐ No |
| T-Cell Depleted HCT ☐ Yes ☐ No | | |
| Transplant Type ☐ Allo ☐ Auto ☐ Cord ☐ Haplo | | |
| | | |
| **Thymus Transplant** | | |
| Post-Thymus Transplant ☐ Yes ☐ No | Thymus Transplant Date *(Month DD, YYYY)* | |

## Clinical History

**Diagnosis** (check all that apply)

- ☐ Hematopoietic Cell Transplantation
- ☐ Severe Combined Immunodeficiency
- ☐ DiGeorge Syndrome (DGS)
- ☐ If on immunosuppression (GVHD or other therapeutic purposes, specify)
- ☐ CD3 T-cell Lymphopenia
- ☐ CD4 T-cell Lymphopenia
- ☐ CD8 T-cell Lymphopenia

Autoimmune Disease (specify)

Viral Infection (specify)

Malignancy (specify)

**Other Relevant Information**



Print