



MAYO CLINIC
Mayo Medical Laboratories

UGT1A1 Gene Testing for Hyperbilirubinemia Patient Information Sheet

Instructions: The accurate interpretation and reporting of the genetic results is contingent upon the reason for referral, clinical information, ethnic background, and family history. To help provide the best possible service, supply the information requested below and **send paperwork with the specimen.**

Patient Information

Patient Name (First, Middle, Last)		Birth Date (Month DD, YYYY)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Physician Name	Phone	Fax	
Other Contact	Phone	Fax	

Clinical and Family History

Patient's Diagnosis/Suspected Diagnosis										
<input type="checkbox"/> Gilbert syndrome <input type="checkbox"/> Crigler-Najjar syndrome (<input type="checkbox"/> Type I or <input type="checkbox"/> Type II) <input type="checkbox"/> Other (specify) _____										
Laboratory Data										
Date last bilirubin performed _____										
Total bilirubin _____ mg/dL										
Conjugated bilirubin _____ mg/dL										
Older significant bilirubin levels _____										
Additional Comments										
<table border="0"> <tr> <td>Yes</td> <td>No</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other relatives known to be affected? If yes, indicate their relationship to the patient _____</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Have other relatives had molecular genetic testing?</td> </tr> </table>		Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	Other relatives known to be affected? If yes, indicate their relationship to the patient _____	<input type="checkbox"/>	<input type="checkbox"/>	Have other relatives had molecular genetic testing?
Yes	No									
<input type="checkbox"/>	<input type="checkbox"/>	Other relatives known to be affected? If yes, indicate their relationship to the patient _____								
<input type="checkbox"/>	<input type="checkbox"/>	Have other relatives had molecular genetic testing?								
Ethnic Background - Ethnic background may assist with interpretation of test results.										
<input type="checkbox"/> European/Caucasian (List countries of origin) _____ <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other (specify) _____										

For Known Mutation testing (Test #89396), a familial mutation MUST be provided

Indicate known familial mutation(s) to be analyzed:
Performing laboratory for relative's testing: If relative was tested at the Mayo Clinic, name and relationship of relative: Attach a copy of the genetic test lab report if available