

UGT1A1 Gene Testing Patient Information



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, or return by fax to Mayo Clinic Laboratories, Attn: Personalized Genomics Laboratory Genetic Counselors at 507-284-1759. Phone: 507-266-5700 / International clients: +1-507-266-5700 or email MLIINT@mayo.edu

Patient Information	700 of chian memore	mayo.cuu		
Patient Name (Last, First, Middle)		Birth Date (mm-dd-yyyy)		Sex □ Male □ Female
Referring Provider Name (Last, First)		Phone		Fax*
Other Contact Name (Last, First)		Phone		Fax*
Reason for Testing Select one or more of the followin		iven must be from a fax ı	nachine that co	mplies with applicable HIPAA regulation.
☐ Diagnosis/suspected diagnosis ☐ Carrier testing		☐ Pharmacogenomic screening		
☐ Gilbert syndrome		☐ Irinotecan		
☐ Crigler-Najjar syndrome		☐ Atazanavir		
☐ Type I		☐ Belinostat		
☐ Type II		☐ Nilotinib		
☐ Other, specify:		☐ Pazopanib		
		☐ Other, specify:		
Clinical History				
Laboratory Data	History of suspected U	GT1A1-associated d	rug toxicity o	or adverse drug reaction?
Date last bilirubin was performed (mm-dd-yyyy):	☐ Yes ☐ No			
	If yes, provide:	☐ Irinotecan	□ Belinost	at 🗆 Atazanavir
Total bilirubin: mg/dL		☐ Nilotinib	☐ Pazopar	nib
Conjugated (direct) bilirubin: mg/dL		☐ Other, specify:		
Older significant bilirubin levels:	Reaction/Symptoms			
, and the second	□ Neutropenia	□ Diarrhea		
Symptoms				
☐ Hyperbilirubinemia	other, specify.			
☐ Other, specify:				
Additional Comments	1			
Family History and Ethnic Background				
Family History				
Other relatives known to be affected?)			
If yes, indicate their relationship to the patient:				
Have other relatives had UGT1A1 molecular genetic testir	ng? 🗆 Yes 🗆 No			
If yes, indicate:	ig. 🗆 100 🗀 110			
Performing laboratory for relative's testing:				
UGT1A1 variants detected in relative:				
If relative was tested at Mayo Clinic, name and				
,	Р			
Attach a copy of the genetic test lab report,	if available.			
Ethnic Background				
☐ European/Caucasian ☐ African American ☐ Hi	spanic/Latino 🗆 Asia	n 🗆 Middle Eas	tern	
☐ Other, specify:				
Indicate countries of origin:				