Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Erythrocytosis Patient Information

Instructions: The accurate interpretation and reporting of the 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 *(Last, First, Middle)*	Birth Date *(mm-dd-yyyy)*	Sex ☐ Male ☐ Female
Referring Provider Name *(Last, First)*	Phone	Fax*
Referring Provider Email		

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

Ethnic Origin/Race

☐ Eastern European/Russian/Chuvash ☐ Pakistani/Indian ☐ Italian/Mediterranean ☐ African ☐ Jewish
☐ European ☐ Asian: _____ ☐ Hispanic: _____ ☐ Other: _____

Clinical Information

CBC Data

RBC: _____ HGB: _____ HCT: _____
MCV: _____ RDW: _____ WBC: _____
PLTS: _____

ABG Data

PO_2: _____ PCO_2: _____
pH: _____ HCO_3: _____
SaO_2 (room air): _____ A-a O_2 gradient: _____

Erythropoietin (EPO) level (serum): _____

JAK2 V617F: ☐ Positive ☐ Negative ☐ Not tested
JAK2 Exon 12: ☐ Positive ☐ Negative ☐ Not tested

Oxygen dissociation p50 result, if tested: _____

Relevant Clinical Information

Patient History: ☐ Asymptomatic ☐ Symptomatic: _____

☐ Increased Hgb ☐ Thrombosis ☐ Telangiectasia
☐ Increased RBC count ☐ Chronic thrombocytopenia ☐ Cardio Pulmonary Disorder
☐ Current smoker (including hookah) ☐ Monoclonal gammopathy
☐ Paraganglioma, pheochromocytoma ☐ Sleep Apnea

History of

Splenomegaly: ☐ Yes ☐ No Phlebotomy: ☐ Yes ☐ No No Exogenous EPO Rx: ☐ Yes ☐ No

Other Rx: _____

Family History

Family history of similar disorder? ☐ Yes ☐ No

If Yes and the relative was tested at Mayo Clinic, include the names of the family members:

Ship Specimens to:

Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

Billing Information

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing related questions:
800-447-6424 (US and Canada)
507-266-5490 (outside the US)

Print

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.