



Instructions: The accurate interpretation and reporting of 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 this paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Molecular Genetics Lab Genetic Counselors at 507-284-1759.

Patient Information

Form with fields for Patient Name, Birth Date, Sex, Referring Provider Name, Phone, Fax, Genetic Counselor Name, Phone, Fax.

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

Reason for Testing/Clinical Information

Form with fields for Patient's Clinical Status (Symptomatic/Asymptomatic) and space for symptoms/clinical history.

Ethnic Background

Form with checkboxes for various ethnic backgrounds: Northern European Caucasian, Hispanic, Ashkenazi Jewish, Southern European Caucasian, Mixed European Caucasian, Asian, French Canadian, African American, and space for other specifications.

Familial Mutations

Form with questions about Familial Mutation Targeted Testing (FMTT), including nucleotide substitution or large deletion/duplication, and space for providing mutation details.

**Note: Analysis of regions surrounding the familial variant may be required and may result in the identification of additional sequence variants.

Family History

Form with fields for family member name(s) and birth date(s), relationship to patient, and a note to attach a copy of the proband's genetic test result and a detailed pedigree.