



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, and Genetic Counselor Name.

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

Reason for Testing

Form with checkboxes for Carrier Screen and Diagnosis or Suspected Diagnosis, including sub-questions about family history and spouse status.

Ethnic Background Ethnic background is necessary to provide appropriate interpretation of test results. Check the appropriate boxes. This is especially important for cystic fibrosis testing.

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

Pregnancy Information

Form with a question: Is the patient or partner currently pregnant? and a field for gestation weeks.

Family History

Form with questions about other relatives being affected, carriers, or having had genetic testing, with fields for gene, name, birth date, mutations, and laboratory.