

Rare Coagulation Disorder Patient Information

Instructions: Genetic testing for rare, hereditary disorders of blood coagulation should only be considered if clinical history and informative coagulation screening rules out an acquired deficiency state such as liver disease and consumptive coagulopathy or vitamin K deficiency. Genetic testing is indicated to evaluate for suspected congenital deficiency or defect in a specific coagulation factor (ie, prothrombin, factor [F] V, FVII, FX, FXII, FXIII, fibrinogen) or anticoagulant protein (ie, antithrombin, protein C, protein S, thrombomodulin). Providing us with this clinical information is critical to the accurate interpretation and reporting of genetic results. To help us provide the best possible service, supply the information requested below and send this paperwork with the specimen or return by fax to 507-284-1759.

	e accurate interpretation and reporting and send this paperwork with the			
Patient Information	on			
Patient Name (Last, First, Middle)			Birth Date (mm-dd-yyyy)	Sex ☐ Male ☐ Female
Referring Provider Name (Last, First)			Phone	Fax*
Genetic Counselor/Nurse Name (Last, First)			Phone	Fax*
Reason for Testin	g	*Fax number give	n must be from a fax machine	that complies with applicable HIPAA regulations
Clinical Information				
☐ Congenital afibrin ☐ Congenital dysfib ☐ Factor II (prothror ☐ Factor V deficiend ☐ Factor XI deficiend ☐ Factor XI deficiend ☐ Factor XI deficiend ☐ Relevant Clinical Presentate Relevant Laboratory Findite Is patient currently pregnate Has patient had an alloge Previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A previous bone marrow transpendence of the previous testing at Mayo **A	c-uremic syndrome (aHUS) logenemia/hypofibrinogenemia rinogenemia/hypodysfibrinogenemia mbin) deficiency by locy cy cy (Hemophilia C) lation (attach case notes, if available): loge (attach all coagulation results, if a lant?	Hereditary ang Protein C defice Protein S defice Unexplained far Unexplained far available): ue date (mm-dd-yyyy, es** No	ciency ithrombin (AT) deficiency iency iency imilial thrombophilia imilial excessive bleedin	g following physical trauma or surgery
	to be affected by or carriers of a der? Yes No Unknown	If yes, indicate rel	ationship (including deg	ree) to patient or attach pedigree:
Have other relatives had rebleeding or clotting disorc	molecular genetic testing for a der? Yes No Unknown	if available:		f the genetic test lab report,
If the relative was tested	at Mayo Clinic, include the family me	mber name (First, M	liddle, Last)	Birth Date (mm-dd-yyyy)
Ethnic Backgroun	d Ethnic background may assist with	h interpretation of	test results. Check all th	at apply.
☐ African American☐ Latino	☐ East Asian ☐ Southeast Asian	☐ Europ ☐ Other	pean r, specify:	☐ Jewish

New York State patients: Informed Consent for Genetic Testing is required. See Informed Consent for Genetic Testing (T576) or Informed Consent for Genetic Testing (Spanish) (T826)

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