Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

UGT1A1 Gene Testing Patient Information

U G T 1 A 1

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 mclglobal@mayo.edu**

Patient Information

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*

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

Reason for Testing Select one or more of the following indications for testing.

☐ Diagnosis/suspected diagnosis ☐ Carrier testing
- ☐ Gilbert syndrome
- ☐ Crigler-Najjar syndrome
  - ☐ Type I
  - ☐ Type II
- ☐ Other, specify: _____

☐ Pharmacogenomic screening
- ☐ Irinotecan
- ☐ Atazanavir
- ☐ Belinostat
- ☐ Nilotinib
- ☐ Pazopanib
- ☐ Other, specify: _____

Clinical History

Laboratory Data

Date last bilirubin was performed *(mm-dd-yyyy)*:

_____

Total bilirubin: _____ mg/dL

Conjugated (direct) bilirubin: _____ mg/dL

Older significant bilirubin levels:

_____

Symptoms
- ☐ Hyperbilirubinemia
- ☐ Other, specify: _____

History of suspected UGT1A1-associated drug toxicity or adverse drug reaction?

☐ Yes ☐ No

If yes, provide: ☐ Irinotecan ☐ Belinostat ☐ Atazanavir ☐ Nilotinib ☐ Pazopanib ☐ Other, specify: _____

Reaction/Symptoms
- ☐ Neutropenia ☐ Diarrhea
- ☐ Other, specify: _____

Additional Comments

Family History and Ethnic Background

Family History

Other relatives known to be affected? ☐ Yes ☐ No

If yes, indicate their relationship to the patient: _____

Have other relatives had UGT1A1 molecular genetic testing? ☐ Yes ☐ No

If yes, indicate:

Performing laboratory for relative's testing: _____

UGT1A1 variants detected in relative: _____

If relative was tested at Mayo Clinic, name and relationship of relative:

_____

Attach a copy of the genetic test lab report, if available.

Ethnic Background

☐ European/Caucasian ☐ African American ☐ Hispanic/Latino ☐ Asian ☐ Middle Eastern

☐ Other, specify: _____

Indicate countries of origin: _____

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