Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Hereditary Dyslipidemia Patient Information

Instructions: This form is intended to be completed by the ordering healthcare professional. Accurate interpretation and reporting of genetic results is contingent upon the reason for testing, clinical information, ancestry, and biological 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: Molecular Technologies Laboratory Genetic Counselors at 507-284-1759. Phone: 800-533-1710 / International clients: 855-379-3115 or +1-507-284-9273, or email mliintl@mayo.edu.**

Patient Information

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)
Preferred Name	Medical Record Number (if Birth Date is not available)	
Sex Assigned at Birth ☐ Male ☐ Female ☐ Choose not to disclose ☐ Other, specify:	Legal/Administrative Sex ☐ Male ☐ Female ☐ Nonbinary ☐ Choose not to disclose ☐ Other, specify:	
Gender Identity (optional)	Pronouns (optional)	

Referring Healthcare Professional Information

Requesting Healthcare Professional Name (Last, First)	Phone	Fax*
Genetic Counselor/Other Healthcare Professional Name (Last, First)	Phone	Fax*

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

Reason for Testing

☐ Diagnosis ☐ Biological Family History** ☐ Other, specify:

Genetic testing should be performed on an affected biological family member first, when possible. FMTT / **Familial Variant, Targeted Testing should be ordered when there is a previous positive genetic test result in the family.

Indications

☐ Familial hypercholesterolemia ☐ Hypertriglyceridemia ☐ Hypobetalipoproteinemia ☐ Familial lipodystrophy ☐ Sitosterolemia

Clinical History

Laboratory Findings

Cholesterol

- Total cholesterol: mg/dL **OR** mmol/L
- Low density cholesterol (LDL): mg/dL **OR** mmol/L
- High density cholesterol (HDL): mg/dL **OR** mmol/L
- Triglycerides: mg/dL **OR** mmol/L

Sterols

- Sitosterol: mg/dL
- Campesterol: mg/dL
- Other sterols:

Clinical Findings

☐ Tendon xanthomas
☐ Cutaneous xanthomas
☐ History of coronary artery disease
☐ History of myocardial infarction
☐ Lipodystrophy
☐ Generalized ☐ Partial
☐ Insulin resistance/Diabetes
☐ Non-alcoholic liver disease
☐ Kidney failure

Patient's phenotype meets validated clinical diagnostic criteria for familial hypercholesterolemia (FH) (eg, Dutch Lipid Clinic Network score ≥ 6, Simon Broome score of possible or definite FH, or a Make Early Diagnosis to Prevent Early Death diagnostic score of FH):
☐ Yes ☐ No

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Hereditary Dyslipidemia Patient Information (continued)

Patient Name (Last, First Middle)	Birth Date (mm-dd-yyyy)

Clinical History (continued)

Other Relevant Clinical History

Biological Family History

Are there similarly affected biological relatives? ☐ Yes ☐ No

If "Yes," indicate relationship and symptoms:

Have any biological family members had genetic testing? ☐ Yes*** ☐ No ☐ Unknown

*****FMTT / Familial Variant, Targeted Testing should be ordered when there is a previous positive genetic test result in the family. Contact the lab for ordering assistance.**

History of consanguinity

☐ No ☐ Unknown ☐ Choose not to disclose ☐ Yes; biological relationship details:

Patient Ancestry

Ancestry: ☐ Unknown ☐ Choose not to disclose

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).

Print

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