



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 history, family history, and ancestry. 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

Form with fields for Patient Name, Birth Date, Preferred Name, Medical Record Number, Sex Assigned at Birth, Legal/Administrative Sex, Gender Identity, and Ancestry.

Referring Healthcare Professional Information

Form with fields for Referring Healthcare Professional Name, Phone, Fax, and Other Contact/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 Diagnosis, Biological family history, and Other; specify.

Clinical History Check all that apply.

Form with checkboxes for Patient's clinical status, Warts, Cytopenias, Myelodysplastic syndrome, Viral infections, and other clinical conditions.

Biological Family History

Form with checkboxes for Are there similarly affected biological relatives? and Have any biological family members had genetic testing?

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).