Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Chromosomal Microarray Prenatal and Products of Conception 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 provided, and family history. Supply the information requested below and **send paperwork with the specimen, or return by fax to Mayo Clinic Laboratories, Attn: Cytogenetics Lab 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 (required)

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	Email*
Genetic Counselor Name (Last, First)	Phone	Email*

**Any communication sent via email will comply with applicable HIPAA regulations.*

Reason for Testing

To aid in assessment of maternal cell contamination, is donor egg/embryo or gestational carrier involved in this pregnancy?
☐ Yes ☐ No

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Chromosomal Microarray Prenatal and Products of Conception Information (continued)

Clinical Information Check all that apply.

Primary Indication for Testing
- ☐ Advanced maternal age
- ☐ Fetal abnormality
- ☐ Abnormal maternal serum screening
- ☐ Abnormal cell-free DNA screening (NIPT, NIPS, cfDNA); increased risk for:

Perinatal History
- ☐ 2 vessel cord
- ☐ Hydrops
- ☐ Increased nuchal translucency (includes cystic hygroma)
- ☐ Intrauterine growth restriction (IUGR)
- ☐ Oligohydramnios
- ☐ Polyhydramnios
- ☐ Other:

Neurological
- ☐ Abnormal gyri (lissencephaly)
- ☐ Agenesis of the corpus callosum
- ☐ Cerebellar hypoplasia
- ☐ Dandy Walker
- ☐ Decreased fetal movement
- ☐ Holoprosencephaly
- ☐ Neural tube defect
- ☐ Structural brain anomaly
- ☐ Ventriculomegaly/hydrocephaly
- ☐ Other:

Craniofacial
- ☐ Cleft lip +/- palate
- ☐ Macrocephaly
- ☐ Microcephaly
- ☐ Other:

Cardiac
- ☐ Aortic atresia
- ☐ Atrial septal defect
- ☐ Atrioventricular (AV) canal defect
- ☐ Coarctation of the aorta
- ☐ Dextrocardia/situs inversus
- ☐ Double outlet right ventricle
- ☐ Ebstein anomaly
- ☐ Echogenic intracardiac focus
- ☐ Hypoplastic left heart
- ☐ Hypoplastic right heart
- ☐ Tetralogy of Fallot
- ☐ Transposition of the great vessels
- ☐ Truncus arteriosus
- ☐ Ventricular septal defect
- ☐ Other:

Pulmonary
- ☐ Congenital cystic adenomatoid malformation (CCAM)/small thoracic cavity
- ☐ Diaphragmatic hernia
- ☐ Pleural effusion
- ☐ Pulmonary sequestration
- ☐ Other:

Gastrointestinal
- ☐ Absent stomach
- ☐ Echogenic focus
- ☐ Gastroschisis
- ☐ Meconium ileus/anal atresia
- ☐ Omphalocele
- ☐ Tracheoesophageal fistula
- ☐ Other:

Musculoskeletal
- ☐ Acromelia
- ☐ Clenched hands
- ☐ Club foot
- ☐ Contractures (arthrogryposis)
- ☐ Limb anomaly
- ☐ Mesomelia/micromelia
- ☐ Polydactyly
- ☐ Skeletal dysplasia
- ☐ Syndactyly
- ☐ Vertebral anomaly
- ☐ Other:

Genitourinary
- ☐ Ambiguous genitalia
- ☐ Hydronephrosis kidney malformation
- ☐ Megacystis (including posterior valves)
- ☐ Polycystic kidneys
- ☐ Renal agenesis
- ☐ Urethra/ureter obstruction
- ☐ Other:

Biological Family History
- ☐ Biological parents with 2 or more miscarriages
- ☐ Other relatives with previous pregnancies with similar clinical history (explain below):
- ☐ Other:
- ☐ Unknown family history

Clinical Descriptions Include any additional relevant clinical information. List all previous genetic testing and provide a report.

Print