



Accurate interpretation is contingent upon the reason for referral, clinical information, ethnic background, and family history. Supply the information requested below and send paperwork with the specimen.

Patient Information

Form with fields: Patient Name (Last, First, Middle), Birth Date (mm-dd-yyyy), Sex (Male/Female), Referring Provider Name (Last, First), Phone, Fax*, Provider Email

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

Clinical History Check all that apply.

Form with sections: Suspect (Hereditary Spherocytosis, Hereditary Elliptocytosis, Hereditary Pyropoikilocytosis), Reasons for Testing (Hemolytic anemia, Lifelong anemia, Acquired anemia, Prenatal/Carrier testing, Screening for, Gallstones, Marked poikilocytosis, Spherocytes, Non-specific anemia, Other, Elliptocytes, Follow-up of previous results, Previously tested at Mayo Clinic?)

Family History

Form with sections: Are other relatives known to be affected? (Yes/No), Explain: (text field), If relative was tested at Mayo Clinic, include the name of the family member: (text field), Lab values (RBC, HGB, MCV, RDW, WBC, HCT, Ferritin, MCH, MCHC), Recent transfusion (Yes/No/Unknown), Splenectomized (Yes/No), Date (mm-dd-yyyy), Relevant Clinical Information (text area), Peripheral blood smear shows: (text field), Coombs test: (Positive/Negative/Not done)

Ethnic Origin/Race Ethnic background is necessary to provide appropriate interpretation of test results.

Form with checkboxes for African, Arab, European, Hispanic, Jewish, Southeast Asian, Caucasian, Asian, and Other: (text field)