



Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for testing, clinical information, ancestry, and family history. To help provide the best possible service, supply the information requested below and **send this paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Molecular Genetics Lab 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)
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

Referring Healthcare Professional Information

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

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

Reason for Testing / Clinical Information

List reason for testing and all relevant clinical symptoms. Clinical information is required for accurate interpretation of custom gene panel test results.

Ancestry

<input type="checkbox"/> African/African American	<input type="checkbox"/> East Asian	<input type="checkbox"/> Latinx/Latine	<input type="checkbox"/> South Asian	<input type="checkbox"/> Unknown
<input type="checkbox"/> Ashkenazi Jewish	<input type="checkbox"/> European	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> None of the above	<input type="checkbox"/> Choose not to disclose
<input type="checkbox"/> Other, specify: _____		<input type="checkbox"/> Indicate countries of origin: _____		

Family History

Note any relevant family history below. Have any other relatives had molecular testing? If yes, provide relationship and mutation information (eg, gene name, genomic position, cDNA, and protein nomenclature).

Custom Gene Panel Information

Disease State (eg, inborn errors of metabolism, epilepsy)
Gene List ID (if known) or Genes Requested for Testing