Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Inborn Errors of Immunity, Autoimmunity, and Autoinflammatory Disease 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, biological 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

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)	
Ancestry: ☐ Unknown ☐ Choose not to disclose		

Referring Healthcare Professional Information

Referring 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 Specify below or attach relevant clinic note.

☐ Confirm clinical diagnosis; specify diagnosis: Age of onset:
☐ Newborn screening follow-up
☐ Biological family history**; describe:
☐ Other; specify:

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

Infectious Disease History

☐ Recurrent or difficult to treat infections: ☐ Viral ☐ Bacterial ☐ Fungal
☐ Recurrent pneumonia, ear infections, or sinusitis ☐ Multiple courses of antibiotics necessary to clear infections
☐ Recurrent deep abscesses of the organs or skin ☐ On immunoglobulin replacement

Laboratory Findings

☐ Abnormal TREC assay (eg, newborn screening)
☐ Abnormal lymphocyte (T-, B-, and NK-cell) subset quantitation:
☐ Autoimmune lymphoproliferative syndrome (ALPS) workup:
- ☐ Alpha/Beta TCR positive CD4 CD8 Double Negative T-cells % of CD3+:
- ☐ sFasL > 200 pg/mL
- ☐ IL-10 > 20 pg/mL
- ☐ IL-18 > 500 pg/mL
- ☐ Vitamin B12 > 1500 ng/L

☐ T-cell immunophenotyping:
☐ Abnormal T-cell function: ☐ Mitogens ☐ Antigens ☐ Anti-CD3 ☐ Cytokine production
☐ Abnormal DHR
☐ Immunoglobulins:
- ☐ IgG: ☐ Increased ☐ Decreased
- ☐ IgA: ☐ Increased ☐ Decreased
- ☐ IgM: ☐ Increased ☐ Decreased
- ☐ IgD: ☐ Increased ☐ Decreased
- ☐ IgE: ☐ Increased ☐ Decreased

©2026 Mayo Foundation for Medical Education and Research

Inborn Errors of Immunity, Autoimmunity, and Autoinflammatory Disease Patient Information (continued)

Laboratory Findings (continued)

Blood:
- ☐ Leukocytosis
- ☐ Monoclonal lymphocytosis
- ☐ Lymphopenia
- ☐ Neutropenia (Neutrophils < 1×10^9/L): ☐ Cyclic ☐ Persistent ☐ Congenital ☐ Acquired
- ☐ Neutrophilia
- ☐ Pancytopenia
- ☐ Thrombocytopenia (Platelets < 100×10^9/L): ☐ Congenital ☐ Acquired
- ☐ Hemolytic anemia
- ☐ Sideroblastic anemia
- ☐ Other hematological abnormality; specify:

☐ Other laboratory findings; specify:

General History

- ☐ Alopecia
- ☐ Atopy (allergies); specify:
- ☐ Candidiasis
- ☐ Conjuctivitis
- ☐ Dysmorphic facies
- ☐ Eczema
- ☐ Encephalitis
- ☐ Failure to thrive
- ☐ Fever; duration: frequency:
  triggers:
- ☐ Folliculitis
- ☐ Hepatitis
- ☐ Hyperextensible joints
- ☐ Inflammatory arthritis
- ☐ Inflammatory bowel disease
- ☐ Intellectual disability
- ☐ Joint pain
- ☐ Liver failure
- ☐ Lung disease, specify:
- ☐ Lymphadenopathy
- ☐ Lymphoproliferation
- ☐ Meningitis
- ☐ Oral findings; specify:
- ☐ Osteopetrosis
- ☐ Panniculitis
- ☐ Polyendocrinopathy
- ☐ Short stature
- ☐ Skeletal findings, specify:
- ☐ Solid organ autoimmunity
- ☐ Systemic lupus erythematosus
- ☐ Type 1 Diabetes
- ☐ Other; specify:

Oncologic History

- ☐ Myelodysplasia/AML
- ☐ Lymphoma; specify:
- ☐ Solid tumor; specify:
- ☐ Leukemia; specify:
- ☐ Skin cancer; specify:
- ☐ Other; specify:

Patient Treatment History

Has the patient received an allogenic stem cell transplant***? ☐ No ☐ Yes; transplant date (mm-dd-yyyy):

Is the patient transfusion-dependent***? ☐ No ☐ Yes; last transfusion date (mm-dd-yyyy):
Was this transfusion leukoreduced***? ☐ No ☐ Yes ☐ Unknown

Chemotherapy: ☐ No ☐ Yes; date (mm-dd-yyyy):

***Results may be inaccurate due to the presence of donor DNA if the patient has received an allogeneic hematopoietic stem cell transplant or non-leukocyte reduced blood products. Call Mayo Clinic Laboratories for instructions for testing patients who have received a bone marrow transplant.

Biological Family History

Are there similarly affected biological relatives? ☐ Yes ☐ No
If "Yes," indicate relationship, and diagnosis or 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 biological family. Contact the lab for ordering assistance.

History of consanguinity: ☐ No ☐ Unknown ☐ Choose not to disclose ☐ Yes; relationship details:

New York State patients: Informed Consent for Genetic Testing is required. See Informed Consent for Genetic Testing (T576), Informed Consent for Genetic Testing – Spanish (T826), or Informed Consent for Genetic Testing for Deceased Individuals (T782).

Print