Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Molecular Genetics: Prenatal 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 and clinical information. 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: 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	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

☐ Abnormal ultrasound, details:
☐ Abnormal testing, (complete Previous Testing section below):
☐ Biological family history, details:
☐ Other, details:

Clinical Information

Is a donor egg/embryo or gestational carrier involved in this pregnancy?
☐ Yes ☐ No ☐ Unknown

Gestational age at collection of fetal sample:
weeks days

Fetal Specimen Source
☐ Direct Chorionic Villi
☐ Direct Amniotic Fluid
☐ Fetal Blood (PUBS)
☐ Cultured Chorionic Villi
☐ Cultured Amniotic Fluid
☐ Other, source:

Fetal Sex
☐ Male ☐ Female ☐ Unknown

Multiple Gestation Pregnancy
☐ Twins ☐ Triplets ☐ Other:

Fetal Sample Collection Date (mm-dd-yyyy):

Maternal Blood Collection Date (mm-dd-yyyy):
☐ Maternal sample not available

Previous Testing (include a copy of any previous test results)
☐ Karyotype/Microarray, list result(s):

☐ Other, list result(s):
☐ Biological parent(s) known to be carrier (indicate condition and include a copy of their carrier report[s]):
☐ Cytogenetic testing to be performed at Mayo Clinic, indicate desired test codes**:
☐ Cytogenetic testing not needed at Mayo Clinic

** See Lab Test Catalog for available cytogenetic tests and ordering guidance.

Molecular Genetics: Prenatal
Patient Information (continued)

Test Selection

Fetal Sample

- ☐ MATCC / Maternal Cell Contamination, Molecular Analysis, Varies§
- ☐ BWRS / Beckwith-Wiedemann Syndrome/Russell-Silver Syndrome, Molecular Analysis, Varies
- ☐ CHDGG / Congenital Heart Disease Gene Panel, Varies†
- ☐ CKDGP / Cystic Kidney Disease Gene Panel, Varies†
- ☐ CYPZ / 21-Hydroxylase Gene, CYP21A2, Full Gene Analysis, Varies¶
- ☐ DBMD / Duchenne/Becker Muscular Dystrophy, DMD Gene, Large Deletion/Duplication Analysis, Varies
- ☐ F81P / Hemophilia A F8 Gene, Intron 1 Inversion Known Mutation Analysis, Prenatal†
- ☐ F822P / Hemophilia A F8 Gene, Intron 22 Inversion Mutation Analysis, Prenatal†
- ☐ FMTT / Familial Variant, Targeted Testing, Varies§§
- ☐ FXS / Fragile X Syndrome, Molecular Analysis, Varies
- ☐ NSRGG / Noonan Syndrome and Related Conditions Gene Panel, Varies†
- ☐ OIBFG / Osteogenesis Imperfecta and Bone Fragility Gene Panel, Varies†
- ☐ PWAS / Prader-Willi/Angelman Syndrome, Molecular Analysis, Varies
- ☐ SMNDX / Spinal Muscular Atrophy Diagnostic Assay, Deletion/Duplication Analysis, Varies
- ☐ UNIPD / Uniparental Disomy, Varies§; chromosome(s) to be tested:
- ☐ Other:

Maternal Sample

- ☐ CYPZ / 21-Hydroxylase Gene, CYP21A2, Full Gene Analysis, Varies (sent as positive control)
- ☐ FMTT / Familial Variant, Targeted Testing, Varies (sent as positive control)
- ☐ MATCC / Maternal Cell Contamination, Molecular Analysis, Varies§
- ☐ UNIPD / Uniparental Disomy, Varies§
- ☐ Other:

Paternal Sample (if applicable)

- ☐ Paternal sample unavailable for testing
- ☐ CYPZ / 21-Hydroxylase Gene, CYP21A2, Full Gene Analysis, Varies (sent as positive control)
- ☐ FMTT / Familial Variant, Targeted Testing, Varies (sent as positive control)
- ☐ UNIPD / Uniparental Disomy, Varies§

Biological Father's Name (Last, First Middle):

Biological Father's Birth Date (mm-dd-yyyy):

§ If ordering MATCC, an order for MATCC must be placed on both the maternal and fetal sample. If ordering UNIPD, an order for UNIPD must be placed on the maternal, paternal, and fetal samples. Each fetal and parental sample must be sent under separate order numbers.

¶ The CYP21A2 Gene Testing for Congenital Adrenal Hyperplasia Patient Information Form (T663) is required for prenatal CYPZ orders; CYPZ testing will not be performed unless this form is also completed and sent with the sample.

§§ Also complete Familial Mutations section below.

† Also complete the test-specific patient information sheet located in the Lab Test Catalog.

Molecular Genetics: Prenatal Patient Information (continued)

Familial Mutation Testing (required patient information)

Required: Attach a copy of the proband's genetic testing result and a detailed pedigree, if available.

Familial Mutations

FMTT / Familial Variant, Targeted Testing, Varies cannot be performed without the information below.‡

Is the familial mutation a nucleotide substitution or small insertion/deletion of nucleotides? ☐ Yes ☐ No

If "Yes," provide the familial mutations here:

Mutation 1:	Gene	Transcript	Nucleotide	Amino Acid
Mutation 2:	Gene	Transcript	Nucleotide	Amino Acid
Mutation 3:	Gene	Transcript	Nucleotide	Amino Acid

Is the familial mutation a large deletion or duplication involving one or more exons? ☐ Yes ☐ No

If "Yes," provide the familial deletion/duplication here:

☐ Deletion ☐ Duplication

Gene: Transcript: Exons:

Biological Family History

Include the name(s) and birth date(s) of the biological family member(s) who have had genetic testing (ie, proband):

Indicate the biological family member's relationship to the patient:

‡**Note:** Analysis of regions surrounding the familial variant may be required and may result in the identification of additional sequence variants.

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