Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Biochemical Genetics Patient Information

Instructions: This form is intended to be completed by the ordering healthcare professional. To help provide the best possible service, supply the information requested below and **send with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Biochemical Genetics 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)	

Referring Healthcare Professional Information

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

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

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

Reason for Testing Do **not** use this form for prenatal testing.

☐ Positive newborn screen for:
☐ Rule out:
☐ Monitor Treatment:
☐ Biological Family History:
☐ Carrier Screening:

Specimen Information

Date Today (mm-dd-yyyy)	Collection Date (mm-dd-yyyy)

Clinical Information

Acute symptoms:

Chronic symptoms:

Intermittent symptoms – asymptomatic:

Intermittent symptoms – symptomatic:

List all relevant clinical information and the results of any applicable testing (screening and diagnostic):

Molecular testing result:

Current medications and diet:

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Biochemical Genetics
Patient Information (continued)

Biological Family History

Are there any other individuals in the family diagnosed with or suspected of having this condition? ☐ Yes ☐ No ☐ Unknown

List all relevant clinical information and test results for each individual:

Patient Ancestry: ☐ Unknown ☐ Choose not to disclose

Print

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