



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: +1-507-266-5700 or email mliint@mayo.edu.**

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	

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

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

☐ Positive newborn screen for: _____

☐ Monitor Treatment: _____

☐ Carrier Screening: _____

☐ Abnormal molecular test result: _____

☐ Rule out: _____

☐ Family History: _____

Date Today (mm-dd-yyyy)	Collection Date (mm-dd-yyyy)
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List all relevant clinical information and the results of any applicable testing (screening and diagnostic):

☐ Current acute illness ☐ Chronic symptoms ☐ Intermittent symptoms, currently well

Molecular testing result: _____

Current medications and diet: _____

Ethnic background of patient: _____

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

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