



Complete all information below. Send paperwork with the specimen or return by fax to MCL Biochemical Genetics Laboratory, 507-266-2888. For questions or additional assistance, call 800-533-1710 and ask for the on-call Biochemical Genetics Counselor.

Patient Information

Table with 3 columns: Patient Name, Birth Date, Gender; Referring Physician Name, Phone, Fax*; Genetic Counselor Name, Phone, Fax*

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

Specimen Information

Table with 2 columns: Date Today, Collection Date

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

Form with checkboxes for: Positive newborn screen for, Monitor Treatment, Family History, Rule out, Carrier Screening

Clinical Information

Form with text area for clinical info and checkboxes for: Current acute illness, Chronic symptoms, Intermittent symptoms, Current medications and diet, Carrier screening questions

Family History

Form with text area for family history and checkboxes for: Ethnic background, Other individuals diagnosed