Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Congenital Neutropenia, Bone Marrow Failure, Telomere Defects, and Pulmonary Fibrosis (IPF) 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)	

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:

☐ 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

☐ Recurrent deep abscesses of the organs or skin

Laboratory Findings

☐ Bone marrow biopsy: ☐ Normal ☐ Abnormal; describe or attach report:

☐ T-cell immunophenotyping:

☐ Telomere length studies; method: ☐ Flow FISH ☐ Other; specify:
☐ Lymphoid: ☐ Normal ☐ < 10% ☐ < 1%
☐ Myeloid: ☐ Normal ☐ < 10% ☐ < 1%

☐ Increased chromosomal breakage of peripheral blood lymphocytes in the presence of DNA cross-linking agents, such as mitomycin C or diepoxybutane

☐ Immunoglobulins: ☐ IgG: ☐ Increased ☐ Decreased ☐ IgD: ☐ Increased ☐ Decreased
☐ IgA: ☐ Increased ☐ Decreased ☐ IgE: ☐ Increased ☐ Decreased
☐ IgM: ☐ Increased ☐ Decreased

Blood:
☐ Abnormally elevated fetal hemoglobin (Hb F) for age
☐ Erythrocytosis
☐ Macrocytic anemia
☐ Megaloblastic anemia
☐ Normocytic anemia
☐ Sideroblastic anemia
☐ Neutropenia: ☐ Cyclic ☐ Persistent ☐ Congenital ☐ Acquired
☐ Mild (1 to 1.5 × 10^9/L) ☐ Moderate (0.5 to 1 × 10^9/L) ☐ Severe (< 0.5 × 10^9/L)
☐ Lymphopenia
☐ Thrombocytopenia (platelets < 100 × 10^9/L): ☐ Congenital ☐ Acquired
☐ Macrothrombocytopenia
☐ Small-platelet thrombocytopenia
☐ Pancytopenia
☐ Other hematological differences; specify:

☐ Other laboratory findings; specify:

Congenital Neutropenia, Bone Marrow Failure, Telomere Defects, and Pulmonary Fibrosis (IPF) Patient Information (continued)

Oncologic History

- ☐ Myelodysplasia/AML
- ☐ Lymphoma; specify:
- ☐ Solid tumor; specify:
- ☐ Leukemia; specify:
- ☐ Skin cancer; specify:
- ☐ Other; specify:
- ☐ Biological family history of cancer; specify cancer type and biological relationship to patient:

General History

- ☐ Aplastic anemia
- ☐ Bilateral exudative retinopathy
- ☐ Cardiomyopathy or heart defect; describe:
- ☐ Cellulitis
- ☐ Cerebellar hypoplasia
- ☐ Chronic hypersensitivity pneumonitis
- ☐ Cirrhosis
- ☐ Developmental delay
- ☐ Dysmorphic facies
- ☐ Dysplastic nails
- ☐ Eczema
- ☐ Exocrine pancreatic dysfunction
- ☐ Gastrointestinal disease; specify:
- ☐ Gingivitis
- ☐ Hemophagocytic lymphohistiocytosis (HLH)
- ☐ Hypogammaglobulinemia
- ☐ Iron overload
- ☐ Liver disease
- ☐ Neonatal respiratory distress
- ☐ Neurological differences; describe:
- ☐ Omphalitis
- ☐ Oral leukoplakia
- ☐ Oral ulcers
- ☐ Osteomyelitis
- ☐ Premature graying hair
- ☐ Pulmonary hypertension
- ☐ Pulmonary fibrosis
- ☐ Recurrent fevers
- ☐ Red cell aplasia
- ☐ Reticular dysgenesis
- ☐ Short stature
- ☐ Skeletal differences; describe:
- ☐ Skin pigmentation differences; describe:
- ☐ Thymic hypoplasia
- ☐ Urogenital differences; describe:
- ☐ Vasculopathy
- ☐ Warts
- ☐ 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):

Note: Skin biopsy is the preferred specimen type to detect germline variants in patients with active hematological malignancy.

***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:

Patient Ancestry

Ancestry: ☐ Unknown ☐ Choose not to disclose

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).

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