



Instructions: The accurate interpretation and reporting of familial genetic results is highly contingent upon the clinical information provided, and family history. The ordering clinician should supply the information requested below; this is required to proceed with testing, send paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Cytogenetics Lab Genetic Counselors at 507-284-1759. Phone: 507-266-5700 / International clients: +1-507-266-5700 or email mclglobal@mayo.edu.

Place Label Here

Proband = initial family member with identified genetic variation.

Patient Information (Parent or family member information)

Table with 3 columns: Patient Name, Birth Date, Gender; Provider Name, Phone, Fax\*; Genetic Counselor Name, Phone, Fax\*.

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

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

Reason for Testing

Clinical Status (Parent or family member information) Asymptomatic Symptomatic If symptomatic, complete checklist below. Concordance With Proband—List clinical features/phenotype that are similar to proband:

Family History

Table with 2 columns: Proband Name (family member who had genetic testing) (Last, First, Middle) Birth Date (mm-dd-yyyy) Relationship to the Proband; Testing Performed at Mayo Clinic Yes, order no. (if known) No, include copy of outside report

Clinical Information (Parent or family member information) Check all that apply.

Large grid of clinical categories: Growth, Hearing/Vision, Craniofacial, Genitourinary, Musculoskeletal, Gastrointestinal, Cardiac, Cutaneous, Behavioral/Psychiatric, Cognitive/Developmental, Neurological. Each category contains a list of symptoms with checkboxes.