



The accurate interpretation and reporting of genetic results is contingent upon the reason for testing, clinical information, and family history. To help provide the best possible service, supply the information requested below and send this paperwork with the specimen or return by fax to 507-284-1759.

†Contact the Special Coagulation DNA Laboratory at 800-533-1710 with questions (International Clients +1-507-266-5700 or mclglobal@mayo.edu).

Patient Information

Form with fields for Patient Name, Birth Date, Gender, Requesting Physician Name, Phone, Fax, and Other Contact Name.

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

Reason for Testing (check one)

Form with three checkboxes for reasons for testing: diagnosis, family history, or carrier status.

F9 Known Mutation

Form asking for F9 Gene Known Mutation information, including familial mutation and proband's relationship.

Clinical Information

Form for Factor 9 Coagulant Activity with checkboxes for various activity levels and a field for other clinical information.

Pregnancy Information

Form with checkboxes for pregnancy status, prenatal specimen type, and cord blood specimen.

Family History

Form asking about family history of hemophilia B, including testing of relatives and family member details.

Affiliation

Form asking for Hemophilia Center Affiliation with checkboxes for Yes/No and a field for center name.