Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Hereditary Erythrocytosis Patient Information

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: HemePath Genetic Counselors at 507-284-1759. Phone 800-533-1710** / International clients: +1-507-266-5700 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 Provider Information

Referring Provider Name (Last, First)	Phone	Email*

*Any communication sent via email will comply with applicable HIPAA regulations.

Biological Family Ancestry

☐ Patient Ancestry: ☐ Unknown ☐ Choose not to disclose

Reason for Testing and Clinical History See Benign Hematology Evaluation Comparison

Relevant Clinical Information

☐ Asymptomatic ☐ Symptomatic (describe):
☐ Acquired ☐ Lifelong/familial
Recent transfusion: ☐ Yes ☐ No
Last transfusion date (mm-dd-yyyy):
Biological family history: ☐ Yes ☐ No ☐ Unknown family history
Disorder/relation to patient:
Other relevant information:

☐ Smoker
☐ Sleep apnea
☐ Cardio/pulmonary Hx
Splenectomy: ☐ Yes ☐ No
Splenomegaly: ☐ Yes ☐ No

☐ Thrombosis
☐ Chronic thrombocytopenia
☐ Monoclonal gammopathy
☐ Telangiectasia
☐ Para/pheochromocytoma

CBC Data		ABG Data		
RBC:	HGB:	PO2:	SaO2 (room air):	JAK2 V617F: ☐ Pos ☐ Neg ☐ Not done
HCT:	MCV:	PCO2:	A-a O2 gradient:	JAK2 Exon12: ☐ Pos ☐ Neg ☐ Not done
MCH:	MCHC:	pH:		Serum EPO:
RDW:	Retics:			SGLT-2 Inhibitor Rx:
				Phlebotomy: ☐ Yes ☐ No

Test Reflex Options

As part of the REVE2 evaluation the following 4 options are available:

1. Do **NOT** perform molecular testing.
2. Perform the Hereditary Erythrocytosis Gene Panel, Next-Generation Sequencing as a reflex test (when indicated). Note: The NGS panel does NOT include alpha and beta globin genes.
3. Perform only alpha and beta globin gene Sanger sequencing to exclude high oxygen affinity Hb variants.
   ☐ When indicated ☐ Regardless of protein results
4. Perform full erythrocytosis molecular analysis (alpha and beta globin Sanger sequencing and Hereditary Erythrocytosis Gene Panel, Next-Generation Sequencing).

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