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MAYO CLINIC LABORATORIES

Known Variant Analysis: Required Patient Information

Information below is required to perform KVAR1 / Known Variant Analysis-1 Variant, Varies; KVAR2 / Known Variant Analysis -2 Variants, Varies; or KVAR3 / Known Variant Analysis -3+ Variants, Varies. The accurate interpretation and reporting of genetic results is contingent upon the reason for referral, clinical information, ethnic background, and family history. To help provide the best possible service, supply information requested below and **send paperwork with specimen, or return by fax to Mayo Clinic Laboratories, Attn: Personalized Genomics Laboratory Genetic Counselors at 507-284-1759. Phone: 507-266-5700 / International clients: +1-507-266-5700 or email mclglobal@mayo.edu**

Attention: KVAR1, KVAR2, and KVAR3 are used to determine the presence or absence of specific variants previously detected in a family member. These test codes can only be used for select genes, as defined in the Mayo Clinic Laboratories test catalog. Alternate test codes may be used for different genes. See Mayo Clinic Laboratories test catalog at www.MayoClinicLabs.com or call 800-533-1710 for test selection guidance.

Patient Information (required)

Patient Name *(Last, First, Middle)*	Birth Date *(mm-dd-yyyy)*	Sex ☐ Male ☐ Female
Referring Provider 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.*

Clinical History Check all that apply.

Patient's clinical status? ☐ Symptomatic ☐ Asymptomatic

Purpose of study? ☐ Diagnostic ☐ Carrier screening ☐ Prenatal ☐ Segregation study

If symptomatic, provide symptoms and clinical history in the space below.

Ethnic Background Check all that apply.

☐ European Caucasian ☐ Hispanic ☐ Asian ☐ African American ☐ Other: _____

Familial Variants To Be Tested

Gene _____ Genomic position: g. _____ cDNA position: c. _____ Amino Acid: p. _____

Gene _____ Genomic position: g. _____ cDNA position: c. _____ Amino Acid: p. _____

Gene _____ Genomic position: g. _____ cDNA position: c. _____ Amino Acid: p. _____

Gene _____ Genomic position: g. _____ cDNA position: c. _____ Amino Acid: p. _____

Gene _____ Genomic position: g. _____ cDNA position: c. _____ Amino Acid: p. _____

Family History Include the name and birth date of the family members with positive genetic test results (ie, proband).

Name *(Last, First, Middle)*	Birth Date *(mm-dd-yyyy)*
Mayo Clinic Laboratories Order Number	Family Number
Relationship to Current Patient	

Required: Attach a copy of the positive genetic test report or documentation of familial variant to be tested. Attach a detailed pedigree, if available.

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