



Instructions: 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 the information requested below and send this paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Molecular Genetics Lab Genetic Counselors at 507-284-1759.

Patient 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.

Reason for Testing

Carrier Screen (Check the appropriate box)
Diagnosis or Suspected Diagnosis
List all relevant clinical symptoms and results of any applicable biochemical diagnostic tests

Ethnic Background Ethnic background is necessary to provide appropriate interpretation of test results. Check the appropriate box.

African American, Asian, Hispanic, Northern European Caucasian, Ashkenazi Jewish, French Canadian, Mixed European Caucasian, Southern European Caucasian, Caucasian (indicate countries of origin), Other (specify)

Pregnancy Information

Is the patient or partner currently pregnant? Yes No

Family History

Are other relatives known to be affected? carriers? Had molecular genetic testing?
Gene: Name (First, Middle, Last):
Birth Date (mm-dd-yyyy): Mutations:
Laboratory where testing was performed: