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MAYO CLINIC LABORATORIES

Molecular Genetics: Hereditary Hearing Loss Patient Information

Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for referral, 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 Mayo Clinic Laboratories, Attn: Molecular Genetics Lab Genetic Counselors at 507-284-1759**.

Patient Information

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.*

Reason for Testing

Clinical Information

Age of onset: _____ Exposure to amnioglycoside antibiotics (eg, gentamicin, tobramycin, amikacin): ☐ Yes ☐ No ☐ Unknown

Temporal bone abnormalities: ☐ Yes ☐ No If Yes, specify: _____

Type of hearing loss; check all that apply:

☐ Sensorineural ☐ Conductive ☐ Auditory neuropathy/dys-synchrony ☐ Mixed ☐ Unknown

☐ Stable ☐ Progressive ☐ Fluctuating

☐ Bilateral ☐ Unilateral

Syndrome(s) suspected: ☐ Yes ☐ No If Yes, specify: _____

Other clinical features; list all relevant clinical symptoms, attach clinic note:

Audiogram; describe results, attach audiogram:

Family History

Pedigree; draw pedigree below or attach pedigree:

Paternal ancestry _____ Maternal ancestry _____

Consanguinity ☐ Yes ☐ No

Pedigree Key

○ Female ● ■ Affected

☐ Male ⊙ ⊡ Carrier

Are other relatives known to be affected? ☐ Yes ☐ No If Yes, indicate relationship to patient: _____

Are other relatives known to be carriers? ☐ Yes ☐ No If Yes, indicate relationship to patient: _____

Have other relatives had molecular genetic testing? ☐ Yes ☐ No If Yes, complete the information below:

Gene: _____

Name of individual tested *(Last, First, Middle)*: _____

Birth date of individual tested *(mm-dd-yyyy)*: _____

Mutations/Variants: _____

Laboratory at which testing was performed: _____

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