Complete, print and submit.

Reset Form

MAYO CLINIC LABORATORIES

Molecular Hematopathology Patient Information

B-Cell Chronic Lymphocytic Leukemia (CLL) for *IGVH* and/or *TP53* Somatic Mutation Testing

Instructions: Send the completed form with the patient specimen to avoid delays in testing and ensure appropriate specimens are submitted.

Patient Information

Patient Name *(Last, First, Middle)*	Birth Date *(mm-dd-yyyy)*	Gender ☐ Male ☐ Female
Referring Physician Name *(Last, First)*	Phone	Fax*
Other Contact *(Last, First)*	Phone	Fax*

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

Test Requested

☐ BCLL / IGH for B-Cell Chronic Lymphocytic Leukemia (B-CLL), Somatic Hypermutation Analysis

☐ P53CA / Hematologic Neoplasms, TP53 Somatic Mutation, DNA Sequencing Exons 4-9

Specimen Provided

☐ Blood (liquid)

☐ Bone Marrow Aspirate (liquid) (P53CA / Hematologic Neoplasms, TP53 Somatic Mutation, DNA Sequencing Exons 4-9)

☐ Fresh Tissue, specify type (P53CA / Hematologic Neoplasms, TP53 Somatic Mutation, DNA Sequencing Exons 4-9): _____

Clinical Information (Required – incomplete information will result in **delayed processing and resulting.**)

☐ Diagnostic sample

☐ Posttreatment sample

Provide the following information:

- ☐ Flow cytometry report or other diagnostic paperwork indicating confirmation of CLL diagnosis and % of B-cells.
- ☐ WBC count from a recent CBC **or** absolute lymphocyte count: _____
- ☐ Other relevant clinical information:

Print