



Instructions: Genetic testing for rare, hereditary disorders of blood coagulation should only be considered if clinical history and informative coagulation screening rules out an acquired deficiency state such as liver disease and consumptive coagulopathy or vitamin K deficiency. Genetic testing is indicated to evaluate for suspected congenital deficiency or defect in a specific coagulation factor (ie, prothrombin, factor [F] V, FVII, FX, FXI, FXII, FXIII, fibrinogen) or anticoagulant protein (ie, antithrombin, protein C, protein S, thrombomodulin). Providing us with this clinical information is critical to the accurate interpretation and reporting of genetic results. To help us provide the best possible service, supply the information requested below and **send this paperwork with the specimen or return by fax to 507-284-1759.**

Patient Information

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Provider Name <i>(Last, First)</i>	Phone	Fax*
Genetic Counselor/Nurse Name <i>(Last, First)</i>	Phone	Fax*

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

Reason for Testing

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Clinical Information

Clinical Diagnosis (select one)	
<input type="checkbox"/> Atypical hemolytic-uremic syndrome (aHUS) <input type="checkbox"/> Congenital afibrinogenemia/hypofibrinogenemia <input type="checkbox"/> Congenital dysfibrinogenemia/hypodysfibrinogenemia <input type="checkbox"/> Factor II (prothrombin) deficiency <input type="checkbox"/> Factor V deficiency <input type="checkbox"/> Factor VII deficiency <input type="checkbox"/> Factor X deficiency <input type="checkbox"/> Factor XI deficiency (Hemophilia C)	<input type="checkbox"/> Factor XII deficiency <input type="checkbox"/> Factor XIII deficiency <input type="checkbox"/> Hereditary antithrombin (AT) deficiency <input type="checkbox"/> Hereditary angioedema with normal C1INH (FXII-HAE) <input type="checkbox"/> Protein C deficiency <input type="checkbox"/> Protein S deficiency <input type="checkbox"/> Unexplained familial thrombophilia <input type="checkbox"/> Unexplained familial excessive bleeding following physical trauma or surgery
Relevant Clinical Presentation (attach case notes, if available): _____	
Relevant Laboratory Findings (attach all coagulation results, if available): _____	
Is patient currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, due date <i>(mm-dd-yyyy)</i> : _____	
Has patient had an allogenic bone marrow transplant? <input type="checkbox"/> Yes** <input type="checkbox"/> No	
Previous testing at Mayo? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	

**A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Family History Include a detailed pedigree, if available.

Are there relatives known to be affected by or carriers of a bleeding or clotting disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If yes, indicate relationship (including degree) to patient or attach pedigree: _____
Have other relatives had molecular genetic testing for a bleeding or clotting disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	If Yes, provide results and attach a copy of the genetic test lab report, if available: _____
If the relative was tested at Mayo Clinic, include the family member name <i>(First, Middle, Last)</i>	Birth Date <i>(mm-dd-yyyy)</i>

Ethnic Background Ethnic background may assist with interpretation of test results. Check all that apply.

<input type="checkbox"/> African American	<input type="checkbox"/> East Asian	<input type="checkbox"/> European	<input type="checkbox"/> Jewish
<input type="checkbox"/> Latino	<input type="checkbox"/> Southeast Asian	<input type="checkbox"/> Other (specify): _____	

New York State patients: Informed Consent for Genetic Testing is required. See Informed Consent for Genetic Testing (T576).

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.