Complete, print and submit.

Reset Form

MAYO CLINIC LABORATORIES

Thalassemia/Hemoglobinopathy Patient Information

Instructions: The information requested below is important for interpretation of test results. To help us provide the best possible service, answer the questions completely and **send the paperwork with the specimen.** All answers will be kept confidential.

Patient Information

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

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

Ethnic Origin/Race **Ethnic background is necessary to provide appropriate interpretation of test results.**

☐ African ☐ Arab ☐ Caucasian ☐ Jewish ☐ Asian ☐ Other: _____

Clinical History

Reasons for Testing

☐ Microcytosis ☐ Erythrocytosis ☐ Previously known hemoglobinopathy

☐ Prenatal/Carrier testing ☐ Cyanosis Diagnosis: _____

☐ Hemolytic anemia ☐ Abnormal newborn screen Previously tested at Mayo Clinic? ☐ Yes ☐ No

☐ Sickle monitor/treatment monitor ☐ Other: _____

Family History

Are other relatives known to be affected? ☐ Yes ☐ No

If yes, explain disorder and relationship to patient:

If relative was tested at Mayo Clinic, include the name of the family member

RBC _____ HGB _____ HCT _____

MCV _____ RDW _____ MCH _____

MCHC _____ Ferritin _____ Retic count _____

Recent transfusion history: ☐ Yes ☐ No ☐ Unknown

If yes, date(s) of last transfusion(s): _____

Splenomegaly: ☐ Yes ☐ No Hydroxyurea treatment: ☐ Yes ☐ No

Relevant Clinical Information

As part of this evaluation:

☐ Do not perform molecular testing

Perform molecular testing:

☐ Metabolic Laboratory Selected* molecular testing to explain: _____ or exclude: _____

Perform regardless of protein results: (check all that apply)

☐ Alpha Globin Gene MLPA† *(α deletions)***

☐ Beta Globin Gene Sequencing *(β variants / β thal)*

☐ Beta Globin Cluster MLPA† *(β cluster deletions: β thal, HPFH, δβ thal, εγδβ thal)*

☐ Alpha Globin Gene Sequencing *(α variants / nondeletional α thal)*

* If checked, Mayo experts select testing.
If a specific test is not performed, it can be added subsequently at client request (sample volume permitting).

** Assay available as a reflex test in the THEVP/Thalassemia and Hemoglobinopathy Evaluation or separate order ATHAL test.

† MPLA tests require a minimum of 3 mL of blood.

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