



Instructions: The accurate interpretation and reporting of the 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 paperwork with the specimen, or return by fax to Mayo Clinic Laboratories, Attn: Personalized Genomics Laboratory Genetic Counselors at 507-284-1759. Phone: 507-266-5700 / International clients: +1-507-266-5700 or email mclglobal@mayo.edu

Patient Information

Form with fields for Patient Name, Birth Date, Gender, Referring Provider Name, Phone, Fax*, and Other Contact Name.

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

Referral Reason Select one or more of the following indications for testing.

Form with checkboxes for Diagnosis/suspected diagnosis, Carrier testing, Pharmacogenomic screening, and other options.

Clinical History

Form with sections for Laboratory Data, History of suspected UGT1A1-associated drug toxicity or adverse drug reaction?, Reaction/Symptoms, and Additional Comments.

Family History and Ethnic Background

Form with sections for Family History and Ethnic Background.