



Instructions: Accurate interpretation and reporting of genetic results is contingent upon the reason for testing and clinical information. **The information below is required for UNIPD / Uniparental Disomy, Varies. Send this paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Genetic Counselors at 507-284-1759. Phone: 800-533-1710 / International clients: +1-507-266-5700 or email MLIINT@mayo.edu**

Patient Information

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

Referring Provider Information

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

Abnormal karyotype/microarray; details (provide copy of report): _____

Family history chromosome translocation; details: _____

Clinical features suggestive of uniparental disomy; details: _____

Other; details: _____

Clinical History/Information (required)

Is this for follow-up to microarray? No Yes; provide a copy of the microarray report.

Mother Name (Last, First Middle)	Birth Date (mm-dd-yyyy)
Father Name (Last, First Middle)	Birth Date (mm-dd-yyyy)

Parent unavailable for testing**

**At least one parent is required for testing. If only one parent is available, contact a genetic counselor at Mayo Clinic Laboratories to discuss further: 800-533-1710.

Chromosome(s) of interest (max of 2 per order): _____

***Due to testing limitations for chromosome 11, contact with a genetic counselor is required prior to requesting testing for chromosome 11.

Specimen Type

Mother Blood Extracted DNA (from blood)

Father Blood Extracted DNA (from blood)

Proband Blood Extracted DNA (Source _____) Direct chorionic villi Direct amniotic fluid Fetal blood (PUBS)

Cultured chorionic villi Cultured amniotic fluid Products of conception

Call to discuss prenatal specimens prior to sending

History of consanguinity: No Yes; relationship details: _____

Molecular Genetics: Uniparental Disomy Patient Information (continued)

List all relevant clinical symptoms; attach clinic note:
