



Complete all information below. Send paperwork with the specimen or return by fax to MCL Biochemical Genetics Laboratory, 507-266-2888. For questions or additional assistance, call 800-533-1710 and ask for the on-call Biochemical Genetics Counselor.

Patient Information

Table with 3 columns: Patient Name, Birth Date, Sex; Referring Provider Name, Phone, Fax*; Genetic Counselor Name, Phone, Fax*

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

Reason for Testing Do not use this form for prenatal testing.

Form with checkboxes for: Positive newborn screen for, Rule out, Monitor Treatment, Family History, Carrier Screening

Specimen Information

Form with fields: Date Today, Collection Date

Clinical Information

Form with text area for clinical info, checkboxes for symptoms, and questions about medications and pregnancy

Family History

Form with text area for family history, checkboxes for other individuals, and instructions for relevant clinical info