



Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for referral, clinical information provided, and family history. Supply the information requested below and send paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Cytogenetics Lab 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, Sex, Referring Provider Name, Phone, and Fax\*.

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

Reason for Testing

Empty box for Reason for Testing.

Clinical Information Check all that apply.

Large form with multiple columns for clinical information: Perinatal History, Growth, Cognitive/Developmental, Behavioral/Psychiatric, Cutaneous, Neurological, Cardiac, Craniofacial, Hearing/Vision, Musculoskeletal, Gastrointestinal, Genitourinary, and Family History.

Clinical Descriptions Include any additional relevant clinical information. List karyotype, if known, and provide a report.

Empty box for Clinical Descriptions.