

MAYO CLINIC | Familial Mutation Testing: LABORATORIES | Required Patient Information Required Patient Information

Instructions: The accurate interpretation and reporting of 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 this paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Molecular Genetics Lab Genetic Counselors at 507-284-1759.

Patient Information			
Patient Name (Last, First, Middle)		Birth Date (mm-dd-yyyy)	Sex
			☐ Male ☐ Female
Referring Provider Name (Last, First)		Phone	Fax*
Genetic Counselor Name (Last, First)		Phone	Fax*
	*F	han alian ann a ha faran a faran a shi a sha h	
Reason for Testing/Clinical I	nformation	oer given must de irom a iax machine that	complies with applicable HIPAA regulations.
Patient's Clinical Status: Symptomati			
If symptomatic, provide symptoms/clinical history in the space below:			
Ethnic Background			
☐ Northern European Caucasian ☐	☐ Hispanic ☐ Ashkenaz	zi Jewish 🗆 Southern Eur	opean Caucasian
☐ Mixed European Caucasian ☐	\square Asian \square French Ca	anadian \square African Amer	ican
Caucasian, indicate countries of origin:			
Other, specify:			
Familial Mutations			
FMTT / Familial Mutation, Targeted Testing, Varies cannot be performed without the information below.**			
Is the familial mutation a nucleotide substi	tution or small insertion/deletion	of nucleotides? \square Yes \square N	lo
If yes, provide the familial mutations h	ere:		
Mutation 1: Gene	Exon/Intron	Nucleotide	Amino Acid
Mutation 2: Gene	Exon/Intron	Nucleotide	Amino Acid
Mutation 3: Gene	Exon/Intron	Nucleotide A	Amino Acid
Is the familial mutation a large deletion or If yes, provide the familial deletion/duplica		e exons?	0
☐ Deletion ☐ Duplication	uon nere:		
'			
		nt may be required and may result in the id	lentification of additional sequence variants
**Note: Analysis of regions surrounding the familial variant may be required and may result in the identification of additional sequence variants.			
Include the name(s) and birth date(s) of the	family member(s) who have had	genetic testing (ie, proband):	
Indicate the family member's relations			
Important: Attach a copy of the proband	's genetic test result and a det	ailed pedigree, if available.	