Complete and print.

MAYO CLINIC LABORATORIES

Family Member Phenotype Information for Genomic Testing

Reset Form

Instructions: The accurate interpretation and reporting of familial genetic results is highly contingent upon the clinical information provided, and family history. The ordering clinician should supply the information requested below; this is required to proceed with testing, **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.**

Place Label Here

Proband = initial family member with identified genetic variation.

Patient Information (parent or family member 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*

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

Important: Attach a copy of the proband's genetic test result and a detailed pedigree, if available.

Reason for Testing

Clinical Status (parent or family member information) ☐ Asymptomatic ☐ Symptomatic If symptomatic, complete checklist below.

Concordance With Proband—List clinical features/phenotype that are similar to proband:

Family History

Proband Name (family member who had genetic testing) *(Last, First, Middle)*		Testing Performed at Mayo Clinic ☐ Yes, order no. (if known) _____ ☐ No, include copy of outside report
Birth Date *(mm-dd-yyyy)*	Relationship to the Proband	

Clinical Information (parent or family member information) Check all that apply.

Growth
- ☐ Normal
- ☐ Failure to thrive
- ☐ Overgrowth
- ☐ Short stature
- ☐ Other: _____

Hearing/Vision
- ☐ Normal
- ☐ Abnormality of eye movement
- ☐ Abnormality of vision
- ☐ Hearing loss
- ☐ Other: _____

Craniofacial
- ☐ Normal
- ☐ Cleft lip
- ☐ Cleft palate
- ☐ Craniosynostosis
- ☐ Dysmorphic features
- ☐ Ear malformation
- ☐ Macrocephaly
- ☐ Microcephaly
- ☐ Other: _____

Genitourinary
- ☐ Normal
- ☐ Ambiguous genitalia
- ☐ Cryptorchidism
- ☐ Hydronephrosis
- ☐ Hypospadias
- ☐ Kidney malformation
- ☐ Other: _____

Musculoskeletal
- ☐ Normal
- ☐ Club foot
- ☐ Contractures
- ☐ Diaphragmatic hernia
- ☐ Limb anomaly
- ☐ Polydactyly
- ☐ Syndactyly
- ☐ Vertebral anomaly
- ☐ Other: _____

Gastrointestinal
- ☐ Normal
- ☐ Anal atresia
- ☐ Gastroschisis
- ☐ Omphalocele
- ☐ Pyloric stenosis
- ☐ Tracheoesophageal fistula
- ☐ Other: _____

Cardiac
- ☐ Normal
- ☐ Atrial septal defect
- ☐ AV canal defect
- ☐ Tetralogy of Fallot
- ☐ Ventricular septal defect
- ☐ Other cardiac abnormality: _____

Cutaneous
- ☐ Normal
- ☐ Hyperpigmentation
- ☐ Hypopigmentation
- ☐ Other: _____

Behavioral/Psychiatric
- ☐ Normal
- ☐ ADHD
- ☐ Autism spectrum disorder
- ☐ Oppositional-defiant disorder
- ☐ Obsessive-compulsive disorder
- ☐ Pervasive developmental delay
- ☐ Other: _____

Cognitive/Developmental
- ☐ Normal
- ☐ Intellectual disability/MR
- ☐ Learning disability/Special Education
- ☐ Other: _____

Neurological
- ☐ Normal
- ☐ Ataxia
- ☐ Cerebral Palsy
- ☐ Encephalopathy
- ☐ Hypotonia
- ☐ Hypertonia
- ☐ Seizures
- ☐ Spasticity
- ☐ Structural brain anomaly
- ☐ Other: _____

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