



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

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/Clinical Information

Text area for listing reason for testing and all relevant clinical symptoms.

Ethnic Background Ethnic background is necessary to provide appropriate interpretation of test results. Check the appropriate boxes.

Form with checkboxes for African American, Asian, Hispanic, Other, Ashkenazi Jewish, French Canadian, and Caucasian.

Family History

Text area for noting any relevant family history below.

Custom Gene Panel Information

Form with two text areas: Disease State and Gene List ID or Genes Requested for Testing.