



Instructions: Genetic testing for rare, hereditary disorders of blood coagulation should only be considered if clinical history and informative coagulation screening rules out an acquired deficiency state such as liver disease and consumptive coagulopathy or vitamin K deficiency. Genetic testing is indicated to evaluate for suspected congenital deficiency or defect in a specific coagulation factor (ie, prothrombin, factor [F] V, FVII, FX, FXI, FXII, FXIII, fibrinogen) or anticoagulant protein (ie, antithrombin, protein C, protein S, thrombomodulin). Providing us with this clinical information is critical to the accurate interpretation and reporting of genetic results. To help us provide the best possible service, supply the information requested below and send this paperwork with the specimen or return by fax to 507-284-1759.

Patient Information

Form with fields for Patient Name, Birth Date, Sex, Referring Provider Name, Phone, Fax, Genetic Counselor/Nurse Name, Phone, 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

Form with sections for Clinical Diagnosis (checkboxes for various deficiencies), Relevant Clinical Presentation, Relevant Laboratory Findings, Pregnancy status, Bone marrow transplant, and Previous testing at Mayo Clinic.

**A previous bone marrow transplant from an allogenic donor will interfere with testing. Call 800-533-1710 for instructions for testing patients who have received a bone marrow transplant.

Family History Include a detailed pedigree, if available.

Form with fields for Family History: affected relatives, genetic testing of relatives, and family member details.

Ethnic Background Ethnic background may assist with interpretation of test results. Check all that apply.

Form with checkboxes for African American, East Asian, European, Jewish, Latino, Southeast Asian, and Other.

New York State patients: Informed Consent for Genetic Testing is required. See Informed Consent for Genetic Testing (T576) or Informed Consent for Genetic Testing (Spanish) (T826)

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.