Complete, print and submit.

Reset Form

MAYO CLINIC LABORATORIES

TACI Genotyping Patient Information

T A C I G P T I N

Instructions: The accurate interpretation and reporting of the 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 paperwork with the specimen.**

Patient Information

Patient Name *(Last, First, Middle)*	Birth Date *(mm-dd-yyyy)*	Gender ☐ Male ☐ Female
Referring Physician *(Last, First)*	Phone	Fax*
Other Contact	Phone	Fax*

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

Treatment History

Immunoglobulin replacement therapy? ☐ Yes ☐ No

Clinical History Check all that apply.

Selective IgA deficiency (sIgAD) only	☐ Yes ☐ No	Autoimmune thyroiditis	☐ Yes ☐ No
Hypogammaglobulinemia (low IgG and/or IgM, IgA)	☐ Yes ☐ No	Other autoimmunity	☐ Yes ☐ No
Common variable immunodeficiency (CVID)	☐ Yes ☐ No	Tonsillar hypertrophy	☐ Yes ☐ No
Recurrent infections	☐ Yes ☐ No	Lymphadenopathy	☐ Yes ☐ No
Splenomegaly	☐ Yes ☐ No	Non-Hodgkin's lymphoma	☐ Yes ☐ No
Autoimmune hemolytic anemia	☐ Yes ☐ No	GI complications	☐ Yes ☐ No
Autoimmune thrombocytopeni	☐ Yes ☐ No	Solid tumors	☐ Yes ☐ No
Other diagnosis:		Other hematological neoplasias	☐ Yes ☐ No
Other information (such as stem cell transplant for lymphoma; indicate type and date)			

Ethnic Background Ethnic background may assist with interpretation of test results.

☐ European/Caucasian (List countries of origin):_____

☐ African American ☐ Hispanic ☐ Asian ☐ Other (specify): _____

Family History

Normal	☐ Father	☐ Mother	☐ Sibling(s)	
sIgAD Only	☐ Father	☐ Mother	☐ Sibling(s)	
Hypogammaglobulinemia (low IgG and/or IgM, IgA)	☐ Father	☐ Mother	☐ Sibling(s)	
CVID	☐ Father	☐ Mother	☐ Sibling(s)	
CVID + IgA deficiency	☐ Father	☐ Mother	☐ Sibling(s)	
Recurrent infections	☐ Father	☐ Mother	☐ Sibling(s)	
Are other relatives known to be affected?	☐ Yes	☐ No	If yes, indicate their relationship to the patient:	
Are other relatives known to be a carrier?	☐ Yes	☐ No	If yes, indicate their relationship to the patient:	
Have other relatives had molecular genetics testing?	☐ Yes	☐ No	If yes, indicate their relationship to the patient:	
If the relative tested at Mayo Clinic, include the name of the family member:				

Print