



Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for testing, 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 <i>(Last, First, Middle)</i>		Birth Date <i>(mm-dd-yyyy)</i>
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

Referring Provider Information

Requesting Provider Name <i>(Last, First)</i>	Phone	Fax*
Genetic Counselor Name <i>(Last, First)</i>	Phone	Fax*

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

Reason for Testing/Clinical Information

List reason for testing and all relevant clinical symptoms. Clinical information is required for accurate interpretation of custom gene panel test results.

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

African American Asian Hispanic Other, specify: _____
 Ashkenazi Jewish French Canadian Caucasian, indicate countries of origin: _____

Family History

Note any relevant family history below. Have any other relatives had molecular testing? If yes, provide relationship and mutation information (eg, gene name, genomic position, cDNA, and protein nomenclature).

Custom Gene Panel Information

Disease State (eg, inborn errors of metabolism, epilepsy)

Gene List ID (if known) or Genes Requested for Testing