

Familial Variant Testing: Required Patient Information

Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for testing/clinical information, familial variants, 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**. For more information regarding this form, contact the Genetic Counselors at **800-533-1710 / International clients: +1-507-266-5700 or email MLIINT@mayo.edu**

Patient Information

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)
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

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.

Reason for Testing/Clinical Information

Patient's Clinical Status: Symptomatic Asymptomatic If "Symptomatic," provide symptoms/clinical history in the space below:

Mutation/Variant Information

This testing cannot be performed without the information below.**

Is the familial variant a nucleotide substitution or small insertion/deletion of nucleotides? Yes No If "Yes," provide the familial variant(s) here:

Variant	Gene	Transcript	Exon/Intron	Amino Acid	cDNA	gDNA
1:						
2:						
3:						

Is the familial variant a large deletion or duplication involving one or more exons? Yes No If "Yes," provide the familial deletion/duplication here:
 Deletion Duplication
 Gene: _____ Exons: _____

**Analysis of regions surrounding the familial variant may be required and may result in the identification of additional sequence variants.

Family History

Include the name(s) and birth date(s) of the family member(s) who have had genetic testing (ie, proband):

Indicate the family member's relationship to the patient: _____

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