Complete and print.

MAYO CLINIC LABORATORIES

Chromosomal Microarray Prenatal and Products of Conception Information

Reset Form

Instructions: The accurate interpretation and reporting of genetic results is contingent upon the reason for referral, clinical information provided, and family history. Supply the information requested below and **send paperwork with the specimen or return by fax to Mayo Clinic Laboratories, Attn: Cytogenetics Lab Genetic Counselors at 507-284-1759. Phone: 507-266-5700 / International clients: +1-507-266-5700 or email mclglobal@mayo.edu.**

Patient Information

Patient Name *(Last, First, Middle)*	Birth Date *(mm-dd-yyyy)*
Sex Assigned at Birth ☐ Male ☐ Female ☐ Unknown ☐ Choose not to disclose	Legal/Administrative Sex ☐ Male ☐ Female ☐ Nonbinary

Referring Provider Information (required)

Referring Provider Name *(Last, First)*	Phone	Email*	**Any communication sent via email will comply with applicable HIPAA regulations.*
Genetic Counselor Name *(Last, First)*	Phone	Email*	

Reason for Testing

Is donor egg or gestational carrier involved in this pregnancy? ☐ Yes ☐ No

Clinical Information Check all that apply.

Primary Indication for Testing
- ☐ Advanced maternal age
- ☐ Fetal abnormality
- ☐ Abnormal maternal serum screening
- ☐ Abnormal cell-free DNA screening (NIPT, NIPS, cfDNA); increased risk for: _____

Perinatal History
- ☐ 2 vessel cord
- ☐ Hydrops
- ☐ Increased nuchal translucency (includes cystic hygroma)
- ☐ Intrauterine growth restriction (IUGR)
- ☐ Oligohydramnios
- ☐ Polyhydramnios
- ☐ Other: _____

Neurological
- ☐ Abnormal gyri (lissencephaly)
- ☐ Agenesis of the corpus callosum
- ☐ Cerebellar hypoplasia
- ☐ Dandy Walker
- ☐ Decreased fetal movement
- ☐ Holoprosencephaly
- ☐ Neural tube defect
- ☐ Structural brain anomaly
- ☐ Ventriculomegaly/hydrocephaly
- ☐ Other: _____

Craniofacial
- ☐ Cleft lip +/- palate
- ☐ Macrocephaly
- ☐ Microcephaly
- ☐ Other: _____

Cardiac
- ☐ Aortic atresia
- ☐ Atrial septal defect
- ☐ Atrioventricular (AV) canal defect
- ☐ Coarctation of the aorta
- ☐ Dextrocardia/situs inversus
- ☐ Double outlet right ventricle
- ☐ Ebstein anomaly
- ☐ Echogenic intracardiac focus
- ☐ Hypoplastic left heart
- ☐ Hypoplastic right heart
- ☐ Tetralogy of Fallot
- ☐ Transposition of the great vessels
- ☐ Truncus arteriosus
- ☐ Ventricular septal defect
- ☐ Other: _____

Pulmonary
- ☐ Congenital cystic adenomatoid malformation (CCAM)/small thoracic cavity
- ☐ Diaphragmatic hernia
- ☐ Pleural effusion
- ☐ Pulmonary sequestration
- ☐ Other: _____

Gastrointestinal
- ☐ Absent stomach
- ☐ Echogenic focus
- ☐ Gastroschisis
- ☐ Meconium ileus/anal atresia
- ☐ Omphalocele
- ☐ Tracheoesophageal fistula
- ☐ Other: _____

Musculoskeletal
- ☐ Acromelia
- ☐ Clenched hands
- ☐ Club foot
- ☐ Contractures (arthrogryposis)
- ☐ Limb anomaly
- ☐ Mesomelia/micromelia
- ☐ Polydactyly
- ☐ Skeletal dysplasia
- ☐ Syndactyly
- ☐ Vertebral anomaly
- ☐ Other: _____

Genitourinary
- ☐ Ambiguous genitalia
- ☐ Hydronephrosis kidney malformation
- ☐ Megacystis (including posterior valves)
- ☐ Polycystic kidneys
- ☐ Renal agenesis
- ☐ Urethra/ureter obstruction
- ☐ Other: _____

Family History
- ☐ Parents with 2 or more miscarriages
- ☐ Other relatives with previous pregnancies with similar clinical history (explain below):

- ☐ Other: _____

Clinical Descriptions Include any additional relevant clinical information. List all previous genetic testing and provide a report.

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