Cleveland Clinic
Laboratories

2119 E. 93rd / L15
Cleveland, OH 44106
216.444.5755 or 800.628.6816

BIOCHEMICAL GENETICS PATIENT INFORMATION

Complete all information below

PATIENT INFORMATION

Patient's Last Name: ______________________ First Name: ______________________ MI: ________

Birth Date: ______________________ Gender: ❑ Male ❑ Female

Referring Physician (last, first): ______________________

Referring Physician Phone: (________) ______________________ Referring Physician Fax*: (________) ______________________

Genetics Counselor (last, first): ______________________

Genetics Counselor Phone: (________) ______________________ Genetics Counselor Fax*: (________) ______________________

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

SPECIMEN INFORMATION

Today's Date (mm/dd/yyyy): ______________________ Collection Date (mm/dd/yyyy): ______________________

- ❑ Repeat specimen
- ❑ Follow up to: ______________________
- ❑ Postmortem

REASON FOR TESTING (Do not use this form for prenatal testing)

- ❑ Positive Newborn Screen for: ______________________
- ❑ Rule out: ______________________
- ❑ Monitor treatment: ______________________
- ❑ Family history: ______________________
- ❑ Carrier screening: ______________________

CLINICAL INFORMATION

Please list all relevant clinical information and the results of any applicable testing (screening and diagnostic).

❑ Current acute illness ❑ Chronic symptoms ❑ Intermittent symptoms, currently well

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____
____
____

Current Medications/Diet: ______________________

If for carrier screening, were oral contraceptives used? ❑ Yes ❑ No

Is the patient or partner currently pregnant? ❑ Yes ❑ No If yes, how many weeks gestation? ______________

FAMILY HISTORY

Ethnic background (patient): ______________________

Are there any other individuals diagnosed with or suspected of having this condition? ❑ Yes ❑ No

Please list all relevant clinical information and the result of any applicable testing (screening and diagnostic) for each individual and include whether they are living or deceased:

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