

### Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street Address		
City	State	ZIP Code

### Submitting Provider Information (required)

Submitting/Referring Provider Name <small>(Last, First)</small>
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#### Fill in only if Call Back is required.

Phone (with area code)	Fax* (with area code)
National Provider Identification (NPI)	

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

### Reason for Testing (required)

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ICD-10 Diagnosis Code

**Note:** It is the client's responsibility to maintain documentation of the order.

#### New York State Patients: Informed Consent for Genetic Testing

"I hereby confirm that informed consent has been signed by an individual legally authorized to do so and is on file with this office or the individual's provider's office."

Signature
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**Note:** Test requests without a signature will not be performed.

#### Ship specimens to:

Mayo Clinic Laboratories  
3050 Superior Drive NW  
Rochester, MN 55905

**Customer Service: 800-533-1710**



Visit [www.MayoClinicLabs.com](http://www.MayoClinicLabs.com) for the most up-to-date test and shipping information, or scan the code to learn more.

### Patient Information (required)

Patient ID (Medical Record No.)		
Patient Name <small>(Last, First, Middle)</small>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <small>(mm-dd-yyyy)</small>	
Collection Date <small>(mm-dd-yyyy)</small>	Time <input type="checkbox"/> am <input type="checkbox"/> pm	
Street Address		
City	State	ZIP Code
Phone		

### Insurance Information

Subscriber Name (if different than patient)		
Relationship to Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other: _____		
Medicare HIC Number (if applicable)		
Medicaid Number (if applicable)		
Insurance Company Name (if applicable)		
Insurance Company Street Address		
City	State	ZIP Code
Policy Number		
Group Number		

<b>MCL Internal Use Only</b>
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#### Billing Information

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

Call the Business Office with billing-related questions:

800-447-6424 (US and Canada)  
507-266-5490 (outside the US)

## Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name <i>(Last, First, Middle)</i>	Client Order No.
Birth Date <i>(mm-dd-yyyy)</i>	

### BIOMARKER PANELS

**CRMP1 Cardiovascular Risk Marker Panel, Serum**

APOLB Apolipoprotein B, Serum  
 HDCH Cholesterol, HDL, Serum  
 CLDL1 Cholesterol, Low-Density Lipoprotein (LDL), Calculated, Serum  
 NHDCH Cholesterol, Non-High-Density Lipoprotein (HDL), Calculated, Serum  
 CHOL Cholesterol, Total, Serum  
 HSCRP C-Reactive Protein, High Sensitivity, Serum  
 CVINT Interpretation  
 LIPA1 Lipoprotein(a), Serum  
 TRIG Triglycerides, Serum

**LMPP Lipoprotein Metabolism Profile, Serum**

TCS Cholesterol, Total, CDC, Serum  
 TRIGC Triglycerides, CDC, Serum  
 APLBS Apolipoprotein B, Serum  
 HDLS HDL Cholesterol, CDC, Serum  
 LMPP1 Lipoprotein Metabolism Profile 1, Serum

### LIPIDS AND LIPOPROTEINS

APOAB Apolipoprotein A1 and B, Serum  
 APOA1 Apolipoprotein A1, Plasma  
 APOLB Apolipoprotein B, Serum  
 HDCH Cholesterol, High-Density Lipoprotein (HDL), Serum  
 CHOL Cholesterol, Total, Serum  
 CHLE Cholesteryl Esters, Serum  
 NEFA Free Fatty Acids, Total, Serum  
 LPALD Lipoprotein (a) and Low-Density Lipoprotein Cholesterol, Serum  
 LIPA1 Lipoprotein(a), Serum  
 LDLD Low-Density Lipoprotein (LDL) Cholesterol, Beta-Quantification, Serum  
 CERAM MI-HEART Ceramides, Plasma  
 NMRLP Nuclear Magnetic Resonance Lipoprotein Profile, Serum  
 SDLDL Small Dense Low Density Lipoprotein Cholesterol, Serum  
 TRIG1 Triglycerides, Serum

### INFLAMMATION

ADMA Asymmetric Dimethylarginine, Plasma  
 HSCRP C-Reactive Protein, High Sensitivity, Serum  
 CSTCE Cystatin C with Estimated Glomerular Filtration Rate (eGFR), Serum  
 F2ISO F2-Isoprostanes, Urine  
 HCYSS Homocysteine, Total, Serum

### HEART FAILURE

ALDS Aldosterone, Serum  
 ACE Angiotensin Converting Enzyme, Serum  
 BNP B-Type Natriuretic Peptide, Plasma  
 GAL3 Galectin-3, Serum  
 PBNP1 NT-Pro B-Type Natriuretic Peptide, Serum  
 PRA Renin Activity, Plasma  
 ST2S ST2, Serum  
 NAS Sodium, Serum  
 HSTNI Troponin I, High Sensitivity, Plasma  
 TRPS Troponin T, 5th Generation, Plasma

### GENETICS

#### Next-Generation Sequencing Panels

ARVGG Arrhythmogenic Cardiomyopathy Gene Panel, Varies  
 CPVTG Catecholaminergic Polymorphic Ventricular Tachycardia Gene Panel, Varies  
 CACMG Comprehensive Arrhythmia and Cardiomyopathy Gene Panel, Varies  
 CARGG Comprehensive Arrhythmia Gene Panel, Varies  
 CCMGG Comprehensive Cardiomyopathy Gene Panel, Varies  
 CAORG Comprehensive Marfan, Loeys-Dietz, Ehlers-Danlos, and Aortopathy Gene Panel, Varies  
 CHDGG Congenital Heart Disease Gene Panel, Varies  
 DCLNG Dilated Cardiomyopathy and Left Ventricular Noncompaction Cardiomyopathy Gene Panel, Varies  
 EDSGG Ehlers-Danlos Syndrome Gene Panel, Varies  
 HHTGG Hereditary Hemorrhagic Telangiectasia and Vascular Malformations Gene Panel, Varies  
 HCHLG Hypercholesterolemia Gene Panel, Varies  
 HYPTG Hypertriglyceridemia Gene Panel, Varies  
 HCMGG Hypertrophic Cardiomyopathy Gene Panel, Varies  
 HYPBG Hypobetalipoproteinemia Gene Panel, Varies  
 LIPOG Lipodystrophy Gene Panel, Varies  
 LQTS Long QT Syndrome Gene Panel, Varies  
 MFRGG Marfan, Loeys-Dietz, and Aortopathy Gene Panel, Varies  
 NSRGG Noonan Syndrome and Related Conditions Gene Panel, Varies  
 OIBFG Osteogenesis Imperfecta and Bone Fragility Gene Panel, Varies

SQTSG Short QT Syndrome Gene Panel, Varies  
 TSCP Tuberos Sclerosis Gene Panel, Varies

#### Single Gene Analysis

SCN5A Brugada Syndrome, *SCN5A* Full Gene Analysis, Varies  
 MFBNG *FBN1* Full Gene Sequencing with Deletion/Duplication, Varies  
 PRKSG *PRKAR1A* Full Gene Sequencing with Deletion/Duplication, Varies

#### Cytogenetics

DD22F 22q11.2 Deletion/Duplication, FISH, Varies

#### Known Variant Analysis

FMTT Familial Mutation, Targeted Testing, Varies

### PHARMACOGENOMICS

2C19R Cytochrome P450 *2C19* Genotype, Varies  
 2D6Q Cytochrome P450 *2D6* Comprehensive Cascade, Varies  
 3A4Q Cytochrome P450 *3A4* Genotype, Varies  
 PGXQP Focused Pharmacogenomics Panel, Varies  
 SLC1Q Solute Carrier Organic Anion Transporter Family Member 1B1 (*SLCO1B1*) Genotype, Statin, Varies  
 WARSQ Warfarin Response Genotype, Varies

### PHARMACOLOGY

AMIO Amiodarone, Serum  
 FRDIG Digoxin, Free, Serum  
 DIG Digoxin, Serum  
 IMIPR Imipramine and Desipramine, Serum

### CARDIAC AMYLOIDOSIS

AMPIP Amyloid Protein Identification, Paraffin, Mass Spectrometry  
 TTRZ *TTR* Gene, Full Gene Analysis, Varies

### ANATOMIC PATHOLOGY

ANPAT Anatomic Pathology Consultation, Wet Tissue\*\*  
 FLCS Immunoglobulin Free Light Chains, Serum  
 MDM2F *MDM2* (12q15) Amplification, Well-Differentiated Liposarcoma/Atypical Lipomatous Tumor, FISH, Tissue  
 MPU Monoclonal Protein Study, 24 Hour, Urine  
 DDITF *Myxoid/Round Cell Liposarcoma*, 12q13 (DDIT3 or CHOP) Rearrangement, FISH, Tissue  
 SS18F Synovial Sarcoma (SS), 18q11.2 (*SS18* or *SYT*) Rearrangement, FISH, Tissue

\*\*This test will reflex to other types of pathology consults (eg, outside slide) and stains as needed.

