

**MCSTP / MayoComplete Solid Tumor Panel, Next-Generation Sequencing**

**Client Information (required)**

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

**Patient Information (required)**

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

**Submitting Provider Information (required)**

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

Phone (with area code)	Fax* (with area code)
Provider's National I.D. (NPI)	

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

**Specimens Provided (required)**

Paraffin block-formalin-fixed No. Sent: _____ Indicate source: _____ _____	Slides No. Sent: _____ Type of slide: <input type="checkbox"/> Cytology <input type="checkbox"/> Tissue
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**Pathology/Clinical Diagnosis (required)**

Include a brief history, pertinent laboratory results, suspected diagnosis, and reason for referral.

ICD-10 Diagnosis Code
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**Insurance Information (required)**

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		

**MCL Internal Use Only**

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**Ship specimens to:**

Mayo Clinic Laboratories  
3050 Superior Drive NW  
Rochester, MN 55901

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

Visit [www.MayoClinicLabs.com](http://www.MayoClinicLabs.com) for the most up-to-date test and shipping information.

**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)