

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>

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.

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

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

Ship specimens to:

Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55905

Customer Service: 800-533-1710



Visit 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		

Reason for Testing (required)

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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

MCL Internal Use Only <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

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>	

INFLAMMATORY BOWEL DISEASE (IBD)	
Diagnosis	
<input type="checkbox"/> CALPR	Calprotectin, Feces
<input type="checkbox"/> IBDP2	Inflammatory Bowel Disease Serology Panel, Serum
Therapeutic Drug Monitoring	
<input type="checkbox"/> ADALP	Adalimumab Quantitative with Antibody, Serum
<input type="checkbox"/> ADALX	Adalimumab Quantitative with Reflex to Antibody, Serum
<input type="checkbox"/> FCZAC	Certolizumab and Anti-Certolizumab Antibody, DoseASSURE CTZ
<input type="checkbox"/> INFXP	Infliximab Quantitation with Antibodies to Infliximab, Serum
<input type="checkbox"/> INFXR	Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum
<input type="checkbox"/> TPMT3	Thiopurine Methyltransferase Activity Profile, Erythrocytes
<input type="checkbox"/> TPNUQ	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping, Varies
<input type="checkbox"/> THIO	Thiopurine Metabolites, Whole Blood
<input type="checkbox"/> USTEK	Ustekinumab Quantitation with Antibodies, Serum
<input type="checkbox"/> VEDOL	Vedolizumab Quantitation with Reflex to Antibodies, Serum
<input type="checkbox"/> VEDOZ	Vedolizumab Quantitation with Antibodies, Serum
Monogenetic Inflammatory Bowel Disease (IBD)	
<input type="checkbox"/> EOIBD	Early Onset Monogenic Inflammatory Bowel Disease (IBD) Gene Panel, Varies

CELIAC DISEASE	
Cascades	
<input type="checkbox"/> CDSP	Celiac Disease Serology Cascade, Serum
<input type="checkbox"/> CDCOM	Celiac Disease Comprehensive Cascade, Serum and Whole Blood
<input type="checkbox"/> CDGF	Celiac Disease Gluten-Free Cascade, Serum and Whole Blood
Individual Tests	
<input type="checkbox"/> FAEAB	Anti-Enterocyte Antibodies
<input type="checkbox"/> CELI	Celiac Associated HLA-DQ Alpha 1 and DQ Beta 1 DNA Typing, Blood
<input type="checkbox"/> EMA	Endomysial Antibodies, IgA, Serum
<input type="checkbox"/> EMAIG	Endomysial Antibodies, IgG, Serum
<input type="checkbox"/> DGLDN	Gliadin (Deamidated) Antibodies Evaluation, IgG and IgA, Serum
<input type="checkbox"/> DAGL	Gliadin (Deamidated) Antibody, IgA, Serum
<input type="checkbox"/> DGGL	Gliadin (Deamidated) Antibody, IgG, Serum
<input type="checkbox"/> IGA	Immunoglobulin A (IgA), Serum
<input type="checkbox"/> IGG	Immunoglobulin G (IgG), Serum
<input type="checkbox"/> IGM	Immunoglobulin M (IgM), Serum
<input type="checkbox"/> IMMIG	Immunoglobulins (IgG, IgA, and IgM), Serum

<input type="checkbox"/> TSTGP	Tissue Transglutaminase Antibodies, IgA and IgG Profile, Serum
<input type="checkbox"/> TTGA	Tissue Transglutaminase Antibody, IgA, Serum
<input type="checkbox"/> TTGG	Tissue Transglutaminase Antibody, IgG, Serum

INTESTINAL INFECTION	
Clostridium difficile	
<input type="checkbox"/> CDPCR	<i>Clostridioides difficile</i> Toxin, PCR, Feces
<input type="checkbox"/> CDIF	<i>Clostridioides difficile</i> Culture, Varies
GI Pathogens	
<input type="checkbox"/> GIP	Gastrointestinal Pathogen Panel, PCR, Feces
<input type="checkbox"/> CYCL	<i>Cyclospora</i> Stain
<input type="checkbox"/> CRYPS	<i>Cryptosporidium</i> Antigen, Feces
<input type="checkbox"/> GIAR	<i>Giardia</i> Antigen, Feces
<input type="checkbox"/> OPE	Ova and Parasite, Travel History or Immunocompromised, Feces
<input type="checkbox"/> OAPNS	Ova and Parasite, Microscopy, Varies
<input type="checkbox"/> PARID	Parasite Identification, Varies
<input type="checkbox"/> PINW	Pinworm Exam, Perianal
<input type="checkbox"/> ROTA	Rotavirus Antigen, Feces
<input type="checkbox"/> STFRP	Shiga Toxin, Molecular Detection, PCR, Feces
<input type="checkbox"/> STL	Enteric Pathogens Culture, Feces
<input type="checkbox"/> WHIPB	<i>Tropheryma whipplei</i> , Molecular Detection, PCR, Blood
<input type="checkbox"/> LCMSPI	<i>Microsporidia</i> species, Molecular Detection, PCR, Varies
<input type="checkbox"/> TWRP	<i>Tropheryma whipplei</i> , Molecular Detection, PCR, Varies
<input type="checkbox"/> UREDF	Reducing Substance, Feces

Helicobacter Pylori	
<input type="checkbox"/> UBT	<i>Helicobacter pylori</i> Breath Test
<input type="checkbox"/> HELIS	<i>Helicobacter pylori</i> Culture with Antimicrobial Susceptibilities, Varies
<input type="checkbox"/> HPFRP	<i>Helicobacter pylori</i> with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Feces
<input type="checkbox"/> HPCRPI	<i>Helicobacter pylori</i> with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Varies

MALABSORPTION DISORDERS	
<input type="checkbox"/> 7AC4	7AC4, Bile Acid Synthesis, Serum
<input type="checkbox"/> BAMRP	Bile Acids Malabsorption Panel, Serum and Feces
<input type="checkbox"/> BA48F	Bile Acids, Bowel Dysfunction, 48 Hour, Feces
<input type="checkbox"/> BAFS	Bile Acids, Fractionated and Total, Serum
<input type="checkbox"/> BILEA	Bile Acids, Total, Serum
<input type="checkbox"/> DSAC	Disaccharidase Activity Panel, Tissue

<input type="checkbox"/> FATF	Fat, Feces
<input type="checkbox"/> FBAC	Bile Acids, Urine
<input type="checkbox"/> MALP	Malabsorption Evaluation Panel, Feces
A1AF	Alpha-1-Antitrypsin, Random, Feces
CALPR	Calprotectin, Feces
ELASF	Pancreatic Elastase, Feces
UREDF	Reducing Substance, Feces

MOTILITY DISORDERS	
<input type="checkbox"/> GID2	Autoimmune Gastrointestinal Dysmotility Evaluation, Serum

HEPATITIS	
Acute/Chronic	
<input type="checkbox"/> AHEP	Acute Hepatitis Profile, Serum
<input type="checkbox"/> CHBVS	Chronic Hepatitis B Screen, Serum
<input type="checkbox"/> CHSBP	Chronic Hepatitis Profile (Type B), Serum
<input type="checkbox"/> CRHEP	Chronic Hepatitis (Unknown Type), Serum
<input type="checkbox"/> PHEP	Previous Hepatitis (Unknown Type), Serum
Prenatal	
<input type="checkbox"/> HBCPR	Hepatitis B Core Total Antibodies Prenatal, Serum
<input type="checkbox"/> HBAGP	Hepatitis B Surface Antigen Prenatal, Serum
<input type="checkbox"/> HCVSP	Hepatitis C Virus (HCV) Antibody Screen Prenatal, Serum
<input type="checkbox"/> HCVRP	Hepatitis C Virus (HCV) RNA Detection and Quantification, Real-Time Reverse Transcription-PCR, Prenatal, Serum
<input type="checkbox"/> PHSP	Prenatal Hepatitis Evaluation, Serum
<input type="checkbox"/> HBABP	Hepatitis B Surface Antibody Prenatal, Qualitative/Quantitative, Serum

Hepatitis A	
<input type="checkbox"/> HAIGG	Hepatitis A IgG Antibody, Serum
<input type="checkbox"/> HAIGM	Hepatitis A IgM Antibody, Serum

Hepatitis B	
<input type="checkbox"/> HBIM	Hepatitis B Core Antibody, IgM, Serum
<input type="checkbox"/> HBASN	Hepatitis B Core Total Antibodies Screen, Serum
<input type="checkbox"/> HBC	Hepatitis B Core Total Antibodies, Serum
<input type="checkbox"/> CORAB	Hepatitis B Core Total Antibodies, with Reflex to Hepatitis B Core Antibody IgM, Serum
<input type="checkbox"/> HEAB	Hepatitis B e Antibody, Serum
<input type="checkbox"/> HEAG	Hepatitis B e Antigen and Hepatitis B e Antibody, Serum
<input type="checkbox"/> EAG	Hepatitis B e Antigen, Serum
<input type="checkbox"/> HBABT	Hepatitis B Surface Antibody Monitor, Post-Transplant, Serum
<input type="checkbox"/> HBABY	Hepatitis B Perinatal Exposure Follow-up Panel, Serum
<input type="checkbox"/> HBASN	Hepatitis B Surface Antibody Screen, Qualitative/Quantitative, Serum

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>	

Hepatitis B (continued)

HBAB Hepatitis B Surface Antibody, Qualitative/Quantitative, Serum

HBGCD Hepatitis B Surface Antigen for Cadaveric or Hemolyzed Specimens, Serum

HBGSN Hepatitis B Surface Antigen Screen, Serum

HBAG Hepatitis B Surface Antigen, Serum

HBVQN Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum

HBCRQ Hepatitis B Virus Core-Related Antigen, Quantitative, Serum

HBAGQ Hepatitis B Virus Surface Antigen, Quantitative, Serum

Hepatitis C

HCVL Hepatitis C Virus Antibody Confirmation, Serum

HCCDD Hepatitis C Virus Antibody in Cadaveric or Hemolyzed Specimens, Symptomatic, Serum

HCCAD Hepatitis C Virus Antibody Screen for Cadaveric or Hemolyzed Specimens, Asymptomatic, Serum

HCVG Hepatitis C Virus Genotype, Serum

HCSRN Hepatitis C Virus (HCV) Antibody Screen with Reflex to HCV RNA, PCR, Asymptomatic, Serum

HCVDX Hepatitis C Virus (HCV) Antibody with Reflex to HCV RNA, PCR, Symptomatic, Serum

HCVQN Hepatitis C Virus (HCV) RNA Detection and Quantification by Real-Time Reverse Transcription-PCR (RT-PCR), Serum

HCVQG Hepatitis C Virus (HCV) RNA Quantification with Reflex to HCV Genotype, Serum

Hepatitis D

AHDV Hepatitis D Virus Total Antibodies, Serum

Hepatitis E

HEVQU Hepatitis E Virus RNA Detection and Quantification, Real-Time RT-PCR, Serum

HEVG Hepatitis E Virus IgG Antibody, Serum

HEVM Hepatitis E Virus IgM Antibody Screen with Reflex to Confirmation, Serum

HEVML Hepatitis E Virus IgM Antibody Confirmation, Serum

LIVER DISORDERS

FIBRO FibroTest-ActiTest, Serum

NSFIB Nonalcoholic Steatohepatitis (NASH)-FibroTest, Serum and Plasma

WILSON DISEASE

CERS Ceruloplasmin, Serum

CUS1 Copper, Serum

CUT Copper, Liver Tissue

CUU Copper, 24 Hour, Urine

WNDZ Wilson Disease, *ATP7B* Full Gene Sequencing with Deletion/Duplication, Varies

HEPATOCELLULAR CARCINOMA (HCC)

HCCGS Hepatocellular Carcinoma Risk Panel with GALAD Score, Serum

L3AFP Alpha-Fetoprotein (AFP) L3% and Total, Hepatocellular Carcinoma Tumor Marker

DCP Des-Gamma-Carboxy Prothrombin

GAL1 GALAD Score

GAL2 Probability of Hepatocellular Carcinoma

L3AFP Alpha-Fetoprotein (AFP) L3% and Total, Hepatocellular Carcinoma Tumor Marker, Serum

DCP Des-Gamma-Carboxy Prothrombin (DCP), Serum

AUTOIMMUNE LIVER DISEASE

ALDG2 Autoimmune Liver Disease Panel, Serum

AMA Mitochondrial Antibodies (M2), Serum

NAIFA Antinuclear Antibodies, HEp-2 Substrate, IgG, Serum

SMAS Smooth Muscle Antibody Screen, Serum

A2M Alpha-2-Macroglobulin, Serum

ANA2 Antinuclear Antibodies (ANA), Serum

GP210 GP210 Antibody, IgG, Serum

LKM Liver/Kidney Microsome Type 1 Antibodies, Serum

AMA Mitochondrial Antibodies (M2), Serum

PBCPN Primary Biliary Cholangitis Antibody Panel, Serum

SMAS Smooth Muscle Antibody Screen, Serum
Note: Reflex to Smooth Muscle Antibody Titer, Serum, if positive

FSLAA Soluble Liver Antigen (SLA) Autoantibody

PBC2 SP100 and GP210 Antibodies, IgG, Serum

SP100 SP100 Antibody, IgG, Serum

ALPHA-1-ANTITRYPSIN (A1A) DEFICIENCY

A1ALC Alpha-1-Antitrypsin Proteotype S/Z by LC-MS/MS, Serum

A1APP Alpha-1-Antitrypsin Phenotype, Serum

AAT Alpha-1-Antitrypsin, Serum

A1AFS Alpha-1-Antitrypsin Clearance, Feces and Serum

SERPZ *SERPINA1* Gene, Full Gene Analysis, Varies

LYSOSOMAL ACID LIPASE DEFICIENCY

LALB Lysosomal Acid Lipase, Blood

LALBS Lysosomal Acid Lipase, Blood Spot

PANCREATITIS

AMBF Amylase, Body Fluid

AMISO Amylase, Isoenzymes, Serum

FELAS Elastase, Pancreatic, Serum

HPANP Hereditary Pancreatitis Gene Panel, Varies

ELASF Pancreatic Elastase, Feces

PANCREATIC CANCER

AMLPC Amylase, Pancreatic Cyst Fluid

PANCP Hereditary Pancreatic Cancer Panel, Varies

COLON CANCER

FOBT Fecal Occult Blood, Colorectal Cancer Screen, Qualitative, Immunochemical, Feces

TMSI Microsatellite Instability, Tumor

ML1HM MLH1 Hypermethylation Analysis, Tumor

PATHOLOGY

Our full menu of pathology testing can be viewed at news.mayocliniclabs.com/pathology/

ALLERGY

Our full menu of allergy testing can be viewed at gi.testcatalog.org

GENETICS

Our full menu of genetics testing can be viewed at genetics.testcatalog.org

ADDITIONAL TESTS (INDICATE TEST CODE AND NAME)

For Complete GI Test Catalog Visit: news.mayocliniclabs.com/gastroenterology/
