

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.

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

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

Ship specimens to:

Mayo Clinic Laboratories
 3050 Superior Drive NW
 Rochester, MN 55901

Customer Service: 800-533-1710

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

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		

MCL Internal Use Only

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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 (Last, First, Middle)	Client Order No.
Birth Date (mm-dd-yyyy)	

PLASMA, SERUM, WHOLE BLOOD

Plasma

ACTH Adrenocorticotrophic Hormone, Plasma

PBKQN BK Virus DNA Detection and Quantification, Plasma

CMVQN Cytomegalovirus (CMV) DNA Detection and Quantification by Real-Time PCR, Plasma

EBVQN Epstein-Barr Virus DNA Detection and Quantification, Plasma

HIVQN HIV-1 RNA Detection and Quantification, Plasma

PMET Metanephrines, Fractionated, Free, Plasma

PTHRP Parathyroid Hormone-Related Peptide, Plasma

PLP Pyridoxal 5-Phosphate (PLP), Plasma

PRA Renin Activity, Plasma

Serum

DHVD 1,25-Dihydroxyvitamin D, Serum

SFUNG 1,3-Beta-D-Glucan (Fungitell), Serum

25HDN 25-Hydroxyvitamin D2 and D3, Serum

ALS Aldolase, Serum

ALDS Aldosterone, Serum

AAT Alpha-1-Antitrypsin, Serum

MAFP1 Alpha-Fetoprotein (AFP), Single Marker Screen, Maternal, Serum

ACE Angiotensin Converting Enzyme, Serum

ENAE Antibody to Extractable Nuclear Antigen Evaluation, Serum

AMH1 Antimullerian Hormone, Serum

VASC Antineutrophil Cytoplasmic Antibodies Vasculitis Panel, Serum

ANA2 Antinuclear Antibodies (ANA), Serum

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

ASPAG *Aspergillus* (Galactomannan) Antigen, Serum

C2729 Breast Carcinoma-Associated Antigen, Serum

CDSP Celiac Disease Serology Cascade, Serum

CERS Ceruloplasmin, Serum

CGAK Chromogranin A, Serum

CTDC Connective Tissue Diseases Cascade, Serum

CUS1 Copper, Serum

CPR C-Peptide, Serum

CCP Cyclic Citrullinated Peptide Antibodies, IgG, Serum

ANCA Cytoplasmic Neutrophil Antibodies, Serum

DHES1 Dehydroepiandrosterone Sulfate, Serum

SPEP Electrophoresis, Protein, Serum

ENS2 Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum

SEBV Epstein-Barr Virus (EBV) Antibody Profile, Serum

EPO Erythropoietin, Serum

FRUCT Fructosamine, Serum

GD65S Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum

HAIGG Hepatitis A IgG Antibody, Serum

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

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

HSVG Herpes Simplex Virus (HSV) Type 1- and Type 2-Specific Antibodies, IgG, Serum

IGGs IgG Subclasses, Serum

IGE Immunoglobulin E (IgE), Serum

FLCS Immunoglobulin Free Light Chains, Serum

INFXR Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum

INS Insulin, Serum

IGFMS Insulin-Like Growth Factor-1, Mass Spectrometry, Serum

LAMO Lamotrigine, Serum

LEVE Levetiracetam, Serum

LIPA1 Lipoprotein(a), Serum

LKM Liver/Kidney Microsome Type 1 Antibodies, Serum

LYWB Lyme Disease Antibody, Immunoblot, Serum

LYME Lyme Disease Serology, Serum

MMAS Methylmalonic Acid, Quantitative, Serum

AMA Mitochondrial Antibodies (M2), Serum

MUSK Muscle-Specific Kinase (MuSK) Autoantibody, Serum

MOGFS Myelin Oligodendrocyte Glycoprotein (MOG-IgG1) Fluorescence-Activated Cell Sorting (FACS) Assay, Serum

NMOFS Neuromyelitis Optica (NMO)/Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Serum

PAVAL Paraneoplastic, Autoantibody Evaluation, Serum

CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum

PSAFT Prostate-Specific Antigen (PSA), Total and Free, Serum

PEISO Protein Electrophoresis and Isotype, Serum

SES Selenium, Serum

SMAS Smooth Muscle Antibody Screen, Serum

PN23 *Streptococcus pneumoniae* IgG Antibodies, 23 Serotypes, Serum

RT3 T3 (Triiodothyronine), Reverse, Serum

TGRP Testosterone, Total and Free, Serum

TTST Testosterone, Total, Mass Spectrometry, Serum

HTG2 Thyroglobulin, Tumor Marker, Serum

TSI Thyroid-Stimulating Immunoglobulin, Serum

THYRO Thyrotropin Receptor Antibody, Serum

TRYPT Tryptase, Serum

VZPG Varicella-Zoster Antibody, IgG, Serum

VITA Vitamin A, Serum

VITE Vitamin E, Serum

ZN_S Zinc, S

Whole Blood

HBA1C Hemoglobin A1c, Blood

LY27B HLA-B27, Blood

PBDC Lead, Capillary, with Demographics, Blood

PBDV Lead, Venous, with Demographics, Blood

QFT4 QuantiFERON-TB Gold Plus, Blood

TAKRO Tacrolimus, Blood

TDP Thiamine (Vitamin B1), Whole Blood

FECES

CALPR Calprotectin, Feces

OAP Ova and Parasite, Concentrate and Permanent Smear, Microscopy, Feces

ELASF Pancreatic Elastase, Feces

URINE

CSMPU Controlled Substance Monitoring Panel, Random, Urine

THCU Delta-8 and Delta-9-Carboxy-Tetrahydrocannabinol (THC) Confirmation, Random, Urine

