

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, 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		

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 <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
- 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
- SCN5A Brugada Syndrome, *SCN5A* Full Gene Analysis, Varies
- CCMGG Comprehensive Cardiomyopathy Gene Panel, Varies
- DCLNG Dilated Cardiomyopathy and Left Ventricular Noncompaction Cardiomyopathy Gene Panel, Varies
- EDSGG Ehlers-Danlos Syndrome Gene Panel, Varies
- HCHLG Hypercholesterolemia Gene Panel, Varies
- HHTGG Hereditary Hemorrhagic Telangiectasia and Vascular Malformations Gene Panel, Varies
- HCMGG Hypertrophic Cardiomyopathy Gene Panel, Varies
- LQTSG Long QT Syndrome Gene Panel, Varies
- MFRGG Marfan, Loews-Dietz, and Aortopathy Gene Panel, Varies
- NSRGG Noonan Syndrome and Related Conditions Gene Panel, Varies
- TSCP Tuberous Sclerosis Gene Panel, Varies

Single Gene Analysis

- MFBNG *FBN1* 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

- 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
- MPSU 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

ADDITIONAL TESTS (INDICATE TEST CODE AND NAME)

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