

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)

<p>_____</p> <p>_____</p> <p>_____</p>
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: 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		

Reportable Disease Information

Complete information as indicated by your state requirements.

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Patient Street Address		
City	State	ZIP Code
County	Race/Ethnicity	
Phone	Specimen Type <input type="checkbox"/> Venous <input type="checkbox"/> Capillary	
Parent/Guardian Name <small>(Last, First)</small>		

*For a list of additional testing for infectious diseases, see Microbiology Test Request (MC0767).

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)

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Birth Date (mm-dd-yyyy)	

INFECTIOUS DISEASES	
<input type="checkbox"/>	ANAP <i>Anaplasma phagocytophilum</i> (Human Granulocytic Ehrlichiosis) Antibody, Serum
<input type="checkbox"/>	ARBOP Arbovirus Antibody Panel, IgG and IgM, Serum
<input type="checkbox"/>	ABOPC Arbovirus Antibody Panel, IgG and IgM, Spinal Fluid
<input type="checkbox"/>	ASPAG <i>Aspergillus</i> (Galactomannan) Antigen, Serum
<input type="checkbox"/>	ASPBA <i>Aspergillus</i> Antigen, Bronchoalveolar Lavage
<input type="checkbox"/>	BABG <i>Babesia microti</i> IgG Antibodies, Serum
<input type="checkbox"/>	BART <i>Bartonella</i> Antibody Panel, IgG and IgM, Serum
<input type="checkbox"/>	CBL <i>Blastomyces</i> Antibody Immunodiffusion, Spinal Fluid
<input type="checkbox"/>	BLAST <i>Blastomyces</i> Antibody, Enzyme Immunoassay, Serum
<input type="checkbox"/>	UBLAS <i>Blastomyces</i> Antigen, Quantitative, Enzyme Immunoassay, Random, Urine
<input type="checkbox"/>	BORDG <i>Bordetella pertussis</i> Antibody, IgG, Serum
<input type="checkbox"/>	BRCMG <i>Brucella</i> Antibody Screen, IgM and IgG, ELISA, Serum
<input type="checkbox"/>	BRUTA <i>Brucella</i> Total Antibody Confirmation, Agglutination, Serum
<input type="checkbox"/>	CAVPC California Virus (La Crosse) Encephalitis Antibody Panel, IgG and IgM, Spinal Fluid
<input type="checkbox"/>	CAVP California Virus (La Crosse) IgG and IgM, Serum
<input type="checkbox"/>	CHIKV Chikungunya IgM and IgG, Antibody, Serum
<input type="checkbox"/>	CHLAP Chlamydia IgM and IgG Panel, Immunofluorescence, Serum
<input type="checkbox"/>	COXIS <i>Coccidioides</i> Antibody Screen with Reflex, Serum
<input type="checkbox"/>	SCOC <i>Coccidioides</i> Antibody, Complement Fixation and Immunodiffusion, Serum
<input type="checkbox"/>	CCOC <i>Coccidioides</i> Antibody, Complement Fixation and Immunodiffusion, Spinal Fluid
<input type="checkbox"/>	SLFA <i>Cryptococcus</i> Antigen Screen with Titer, Serum
<input type="checkbox"/>	CLFA <i>Cryptococcus</i> Antigen Screen with Titer, Spinal Fluid
<input type="checkbox"/>	PLFA <i>Cryptococcus</i> Antigen Screen, Lateral Flow Assay, Pleural Fluid
<input type="checkbox"/>	ULFA <i>Cryptococcus</i> Antigen Screen, Lateral Flow Assay, Random, Urine
<input type="checkbox"/>	PLFAT <i>Cryptococcus</i> Antigen Titer, Lateral Flow Assay, Pleural Fluid
<input type="checkbox"/>	SLFAT <i>Cryptococcus</i> Antigen Titer, Lateral Flow Assay, Serum
<input type="checkbox"/>	CLFAT <i>Cryptococcus</i> Antigen Titer, Lateral Flow Assay, Spinal Fluid
<input type="checkbox"/>	LFACX <i>Cryptococcus</i> Antigen with Reflex, Spinal Fluid

<input type="checkbox"/>	CMVG Cytomegalovirus (CMV) Antibodies, IgG, Serum
<input type="checkbox"/>	CMVP Cytomegalovirus (CMV) Antibodies, IgM and IgG, Serum
<input type="checkbox"/>	CMVM Cytomegalovirus (CMV) Antibodies, IgM, Serum
<input type="checkbox"/>	DENGM Dengue Virus Antibody, IgG and IgM, Serum
<input type="checkbox"/>	DENVP Dengue Virus Antibody/Antigen Panel, Serum
<input type="checkbox"/>	DNSAG Dengue Virus NS1 Antigen, Serum
<input type="checkbox"/>	DIPGS Diphtheria Toxoid IgG Antibody, Serum
<input type="checkbox"/>	DTABS Diphtheria/Tetanus Antibody Panel, Serum
<input type="checkbox"/>	EEPC Eastern Equine Encephalitis Antibody Panel, IgG and IgM, Spinal Fluid
<input type="checkbox"/>	EEEP Eastern Equine Encephalitis Antibody, IgG and IgM, Serum
<input type="checkbox"/>	ECHNG <i>Echinococcus</i> Antibody, IgG, Serum
<input type="checkbox"/>	EHRCP <i>Ehrlichia</i> Antibody Panel, Serum
<input type="checkbox"/>	EHRC <i>Ehrlichia chaffeensis</i> (HME) Antibody, IgG, Serum
<input type="checkbox"/>	EHBAP <i>Ehrlichia/Babesia</i> Antibody Panel, Immunofluorescence, Serum
<input type="checkbox"/>	EHOLG <i>Entamoeba histolytica</i> Antibody, Serum
<input type="checkbox"/>	SEBV Epstein-Barr Virus (EBV) Antibody Profile, Serum
<input type="checkbox"/>	EBVE Epstein-Barr Virus (EBV), IgG Antibody to Early Antigen, Serum
<input type="checkbox"/>	TULAB <i>Francisella tularensis</i> Antibody, IgM and IgG, ELISA, Serum
<input type="checkbox"/>	HIBSG <i>Haemophilus influenzae</i> Type B Antibody, IgG, Serum
<input type="checkbox"/>	UBT <i>Helicobacter pylori</i> Breath Test
<input type="checkbox"/>	HSVG Herpes Simplex Virus (HSV) Type 1- and Type 2-Specific Antibodies, IgG, Serum
<input type="checkbox"/>	SHSTO <i>Histoplasma</i> Antibody, Serum
<input type="checkbox"/>	CHIST <i>Histoplasma</i> Antibody, Spinal Fluid
<input type="checkbox"/>	HSTQU <i>Histoplasma</i> Antigen, Quantitative Enzyme Immunoassay, Random, Urine
<input type="checkbox"/>	MONOS Infectious Mononucleosis, Rapid Test, Serum
<input type="checkbox"/>	LAGU <i>Legionella</i> Antigen, Random, Urine
<input type="checkbox"/>	SLEG <i>Legionella pneumophila</i> (Legionnaires Disease), Antibody, Serum
<input type="checkbox"/>	LEIS Leishmaniasis (Visceral) Antibody, Serum
<input type="checkbox"/>	LEPDT <i>Leptospira</i> , IgM, Serum
<input type="checkbox"/>	SLYME Lyme Antibody Modified 2-Tier with Reflex, Serum
<input type="checkbox"/>	LNBAB Lyme Central Nervous System Infection IgG with Antibody Index Reflex, Serum and Spinal Fluid

<input type="checkbox"/>	LYWB Lyme Disease Antibody, Immunoblot, Serum
<input type="checkbox"/>	ELYME Lyme Disease European Antibody Screen, Serum
<input type="checkbox"/>	LYME Lyme Disease Serology, Serum
<input type="checkbox"/>	TLYME Lyme IgM and IgG, Whole Cell Sonicate, ELISA, Serum
<input type="checkbox"/>	ROPG Measles (Rubeola) Antibodies, IgG, Serum
<input type="checkbox"/>	ROM Measles (Rubeola) Antibodies, IgM, Serum
<input type="checkbox"/>	ROGM Measles (Rubeola) Virus Antibody, IgM and IgG, Serum
<input type="checkbox"/>	MMRV Measles, Mumps, Rubella, and Varicella (MMRV) Immune Status Profile, Serum
<input type="checkbox"/>	CMUMP Mumps Virus Antibodies, IgG and IgM, Spinal Fluid
<input type="checkbox"/>	MPPG Mumps Virus Antibody, IgG, Serum
<input type="checkbox"/>	MMPGM Mumps Virus Antibody, IgM and IgG, Serum
<input type="checkbox"/>	MMPM Mumps Virus Antibody, IgM, Serum
<input type="checkbox"/>	MYCO <i>Mycoplasma pneumoniae</i> Antibodies, IgG and IgM, Serum
<input type="checkbox"/>	PARVS Parvovirus B19 Antibodies, IgG and IgM, Serum
<input type="checkbox"/>	POWV Powassan Virus, IgM, Enzyme-Linked Immunosorbent Assay, Serum
<input type="checkbox"/>	QFEVR Q Fever Antibody Screen with Titer Reflex, Serum
<input type="checkbox"/>	QFP Q Fever Antibody, IgG and IgM, Serum
<input type="checkbox"/>	QFT4 QuantiFERON-TB Gold Plus, Blood
<input type="checkbox"/>	RPRT3 Rapid Plasma Reagin (RPR) with Reflex to <i>Treponema pallidum</i> Particle Agglutination, Serum
<input type="checkbox"/>	RPRT1 Rapid Plasma Reagin (RPR) Screen with Reflex to Titer, Serum
<input type="checkbox"/>	RBPG Rubella Antibodies, IgG, Serum
<input type="checkbox"/>	ROC Rubeola (Measles) Antibodies, IgG and IgM, Spinal Fluid
<input type="checkbox"/>	BILHA <i>Schistosoma</i> species Antibody, IgG, Serum
<input type="checkbox"/>	SFGP Spotted Fever Group Antibody, IgG and IgM, Serum
<input type="checkbox"/>	STLPC St. Louis Encephalitis Antibody Panel, IgG and IgM, Spinal Fluid
<input type="checkbox"/>	STLP St. Louis Encephalitis Antibody, IgG and IgM, Serum
<input type="checkbox"/>	SPNEU <i>Streptococcus pneumoniae</i> Antigen, Random, Urine
<input type="checkbox"/>	SPNC <i>Streptococcus pneumoniae</i> Antigen, Spinal Fluid
<input type="checkbox"/>	STRNG <i>Strongyloides</i> Antibody, IgG, Serum

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<input type="checkbox"/> TPPA	Syphilis Antibody, <i>Treponema pallidum</i> Particle Agglutination, Serum
<input type="checkbox"/> NSYPH	Syphilis IgG Enzyme Immunoassay, Serum
<input type="checkbox"/> SYPH1	Syphilis IgG with Reflex, Enzyme Immunoassay, Serum
<input type="checkbox"/> TTIGS	Tetanus Toxoid IgG Antibody, Serum
<input type="checkbox"/> STICK	Tick-Borne Antibodies, Modified 2-Tier, ELISA, Serum
<input type="checkbox"/> TICKS	Tick-Borne Disease Antibodies Panel, Serum
<input type="checkbox"/> TRCHG	ToRCH Profile IgG, Serum
<input type="checkbox"/> TOXGP	<i>Toxoplasma gondii</i> Antibody, IgG, Serum
<input type="checkbox"/> TXMGP	<i>Toxoplasma gondii</i> Antibody, IgM and IgG, Serum
<input type="checkbox"/> TXM	<i>Toxoplasma gondii</i> Antibody, IgM, Serum
<input type="checkbox"/> TRCNG	<i>Trichinella</i> Antibody, IgG, Serum
<input type="checkbox"/> CHAGS	<i>Trypanosoma cruzi</i> Total Antibody, Enzyme-Linked Immunosorbent Assay, Serum
<input type="checkbox"/> VZPG	Varicella-Zoster Antibody, IgG, Serum
<input type="checkbox"/> VZGM	Varicella-Zoster Antibody, IgM and IgG, Serum
<input type="checkbox"/> VZM	Varicella-Zoster Virus (VZV) Antibody, IgM, Serum
<input type="checkbox"/> WNS	West Nile Virus Antibody, IgG and IgM, Serum
<input type="checkbox"/> WNC	West Nile Virus Antibody, IgG and IgM, Spinal Fluid
<input type="checkbox"/> WEEPC	Western Equine Encephalitis Antibody Panel, IgG and IgM, Spinal Fluid
<input type="checkbox"/> WEEP	Western Equine Encephalitis Antibody, IgG and IgM, Serum
<input type="checkbox"/> VZIKM	Zika Virus, IgM Antibody Capture ELISA, Serum

HEPATITIS	
Acute/Chronic	
<input type="checkbox"/> AHEP	Acute Hepatitis Profile, Serum
<input type="checkbox"/> CRHEP	Chronic Hepatitis (Unknown Type), Serum
<input type="checkbox"/> CHBVS	Chronic Hepatitis B Screen, Serum
<input type="checkbox"/> CHSBP	Chronic Hepatitis Profile (Type B), 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"/> HBABP	Hepatitis B Surface Antibody Prenatal, Qualitative/Quantitative, 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"/> PHSP	Prenatal Hepatitis Evaluation, 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"/> HBCSN	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"/> HBABY	Hepatitis B Perinatal Exposure Follow-up Panel, Serum
<input type="checkbox"/> HBABT	Hepatitis B Surface Antibody Monitor, Post-Transplant, Serum
<input type="checkbox"/> HBBSN	Hepatitis B Surface Antibody Screen, Qualitative/Quantitative, Serum
<input type="checkbox"/> HBAB	Hepatitis B Surface Antibody, Qualitative/Quantitative, Serum
<input type="checkbox"/> HBCRQ	Hepatitis B Virus Core-Related Antigen, Quantitative, Serum
<input type="checkbox"/> HBAGQ	Hepatitis B Virus Surface Antigen, Quantitative, Serum
Hepatitis C	
<input type="checkbox"/> HCVL	Hepatitis C Virus Antibody Confirmation, Serum
<input type="checkbox"/> HCVSP	Hepatitis C Virus (HCV) Antibody Screen Prenatal, Serum
<input type="checkbox"/> HCSRN	Hepatitis C Virus (HCV) Antibody Screen with Reflex to HCV RNA, PCR, Asymptomatic, Serum
<input type="checkbox"/> HCVDX	Hepatitis C Virus (HCV) Antibody with Reflex to HCV RNA, PCR, Symptomatic, Serum
<input type="checkbox"/> HCCDD	Hepatitis C Virus Antibody in Cadaveric or Hemolyzed Specimens, Symptomatic, Serum
<input type="checkbox"/> HCCAD	Hepatitis C Virus Antibody Screen for Cadaveric or Hemolyzed Specimens, Asymptomatic, Serum
Hepatitis D	
<input type="checkbox"/> AHDV	Hepatitis D Virus Total Antibodies, Serum
Hepatitis E	
<input type="checkbox"/> HEVG	Hepatitis E Virus IgG Antibody, Serum
<input type="checkbox"/> HEVML	Hepatitis E Virus IgM Antibody Confirmation, Serum
<input type="checkbox"/> HEVM	Hepatitis E Virus IgM Antibody Screen with Reflex to Confirmation, Serum

HIV	
<input type="checkbox"/> HIVSP	HIV Antigen and Antibody Prenatal Routine Screen, Plasma
<input type="checkbox"/> HV1CD	HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum
<input type="checkbox"/> HVPPS	HIV-1 and HIV-2 Antibody Confirmation and Differentiation Prenatal, Serum
<input type="checkbox"/> HVDIP	HIV-1 and HIV-2 Antibody Confirmation and Differentiation, Plasma
<input type="checkbox"/> HIVDI	HIV-1 and HIV-2 Antibody Confirmation and Differentiation, Serum
<input type="checkbox"/> HV1CM	HIV-1 and HIV-2 Antibody Screen for Hemolyzed Specimens, Serum
<input type="checkbox"/> HIVDX	HIV-1 and HIV-2 Antigen and Antibody Diagnostic Evaluation, Plasma
<input type="checkbox"/> HIVDS	HIV-1 and HIV-2 Antigen and Antibody Diagnostic Evaluation, Serum
<input type="checkbox"/> HVPRS	HIV-1 and HIV-2 Antigen and Antibody Prenatal Routine Screen, Serum
<input type="checkbox"/> HVCOP	HIV-1 and HIV-2 Antigen and Antibody Routine Screen, Plasma
<input type="checkbox"/> HIVSS	HIV-1 and HIV-2 Antigen and Antibody Routine Screen, Serum

HUMAN T-CELL LYMPHOTROPIC VIRUS	
<input type="checkbox"/> HTLLC	Human T-Cell Lymphotropic Virus Types 1 and 2 (HTLV-1/-2) Antibody Confirmation, Spinal Fluid
<input type="checkbox"/> HTLVC	Human T-Cell Lymphotropic Virus Types 1 and 2 (HTLV-1/-2) Antibody Screen with Confirmation, Spinal Fluid
<input type="checkbox"/> HTLVL	Human T-Cell Lymphotropic Virus Types I and II (HTLV-I/-II) Antibody Confirmation, Serum
<input type="checkbox"/> HTLVI	Human T-Cell Lymphotropic Virus Types I and II Antibody Screen with Confirmation, Serum

ADDITIONAL TESTS (INDICATE TEST NUMBER AND NAME)	

