

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 <i>(Last, First)</i>
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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

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 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 <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		

Insurance Information

Subscriber Name (if different than patient)		
Patient Relationship <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)

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Patient Name <i>(Last, First, Middle)</i>	Client Order No.
Birth Date <i>(mm-dd-yyyy)</i>	

SPECIAL COAGULATION PROFILES	
<input type="checkbox"/>	ADM13 ADAMTS13 Activity and Inhibitor Profile, Plasma
<input type="checkbox"/>	ALBLD Bleeding Diathesis Profile, Limited, Plasma
<input type="checkbox"/>	CHF8P Chromogenic Factor VIII Inhibitor Bethesda Profile, Plasma
<input type="checkbox"/>	ADIC Disseminated Intravascular Coagulation/ Intravascular Coagulation and Fibrinolysis (DIC/ICF) Profile, Plasma
<input type="checkbox"/>	ALUPP Lupus Anticoagulant Profile, Plasma
<input type="checkbox"/>	APROL Prolonged Clot Time Profile, Plasma
<input type="checkbox"/>	AATHR Thrombophilia Profile, Plasma and Whole Blood
<input type="checkbox"/>	AVWPR von Willebrand Disease Profile, Plasma

SPECIAL COAGULATION TESTS	
Coagulation Factor Activity Testing	
<input type="checkbox"/>	F_2 Coagulation Factor II Activity Assay, Plasma
<input type="checkbox"/>	FACTV Coagulation Factor V Activity Assay, Plasma
<input type="checkbox"/>	F_7 Coagulation Factor VII Activity Assay, Plasma
<input type="checkbox"/>	F8A Coagulation Factor VIII Activity Assay, Plasma
<input type="checkbox"/>	F_9 Coagulation Factor IX Activity Assay, Plasma
<input type="checkbox"/>	F_10 Coagulation Factor X Activity Assay, Plasma
<input type="checkbox"/>	F_11 Coagulation Factor XI Activity Assay, Plasma
<input type="checkbox"/>	F_12 Coagulation Factor XII Activity Assay, Plasma

Coagulation Factor Inhibitor Profiles	
<input type="checkbox"/>	2INHE Factor II Inhibitor Evaluation, Plasma
<input type="checkbox"/>	5INHE Factor V Inhibitor Evaluation, Plasma
<input type="checkbox"/>	7INHE Factor VII Inhibitor Evaluation, Plasma
<input type="checkbox"/>	8INHE Factor VIII Inhibitor Evaluation, Plasma
<input type="checkbox"/>	9INHE Factor IX Inhibitor Evaluation, Plasma
<input type="checkbox"/>	10INE Factor X Inhibitor Evaluation, Plasma
<input type="checkbox"/>	11INE Factor XI Inhibitor Evaluation, Plasma

Individual Tests	
<input type="checkbox"/>	APCRV Activated Protein C Resistance V (APCRV), Plasma
<input type="checkbox"/>	A2PI Alpha-2 Plasmin Inhibitor, Plasma
<input type="checkbox"/>	ATTF Antithrombin Activity, Plasma
<input type="checkbox"/>	ATTI Antithrombin Antigen, Plasma
<input type="checkbox"/>	FXCH Coagulation Factor X Chromogenic Activity Assay, Plasma
<input type="checkbox"/>	HITIG Heparin-PF4 IgG Antibody, Serum
<input type="checkbox"/>	PAI1 Plasminogen Activator Inhibitor Antigen, Plasma
<input type="checkbox"/>	CFX Protein C Activity, Plasma
<input type="checkbox"/>	PCAG Protein C Antigen, Plasma
<input type="checkbox"/>	SRAU Serotonin Release Assay, Unfractionated Heparin, Mass Spectrometry, Serum
<input type="checkbox"/>	S_FX Protein S Activity, Plasma

<input type="checkbox"/>	PSTF Protein S Antigen, Plasma
<input type="checkbox"/>	RTSC Reptilase Time, Plasma
<input type="checkbox"/>	TTSC Thrombin Time (Bovine), Plasma
<input type="checkbox"/>	VWACT von Willebrand Factor Activity, Plasma
<input type="checkbox"/>	VWAG von Willebrand Factor Antigen, Plasma
<input type="checkbox"/>	VWFMS von Willebrand Factor Multimer Analysis, Plasma
<input type="checkbox"/>	VWD8B von Willebrand Disease 2N (Subtype Normandy), Plasma

HEREDITARY THROMBOPHILIA	
Profiles	
<input type="checkbox"/>	AATHR Thrombophilia Profile, Plasma and Whole Blood
<input type="checkbox"/>	APCRR Activated Protein C Resistance V, with Reflex to Factor V Leiden, Blood and Plasma

Individual Tests	
<input type="checkbox"/>	APCRV Activated Protein C Resistance V (APCRV), Plasma
<input type="checkbox"/>	CFX Protein C Activity, Plasma
<input type="checkbox"/>	PCAG Protein C Antigen, Plasma
<input type="checkbox"/>	S_FX Protein S Activity, Plasma
<input type="checkbox"/>	PSTF Protein S Antigen, Plasma
<input type="checkbox"/>	ATTF Antithrombin Activity, Plasma
<input type="checkbox"/>	ATTI Antithrombin Antigen, Plasma

ACQUIRED THROMBOPHILIA	
Profiles	
<input type="checkbox"/>	ALUPP Lupus Anticoagulant Profile, Plasma
<input type="checkbox"/>	ADM13 ADAMTS13 Activity and Inhibitor Profile, Plasma

Individual Tests	
<input type="checkbox"/>	B2GMG Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
<input type="checkbox"/>	CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum
<input type="checkbox"/>	DRV11 Dilute Russell Viper Venom Time (DRVVT), with Reflex, Plasma
<input type="checkbox"/>	HITIG Heparin-PF4 IgG Antibody (HIT), Serum

BLEEDING DISORDERS	
Profiles	
<input type="checkbox"/>	ALBLD Bleeding Diathesis Profile, Limited, Plasma
<input type="checkbox"/>	APROL Prolonged Clot Time Profile, Plasma
<input type="checkbox"/>	AVWPR von Willebrand Disease Profile, Plasma

Esoteric Platelet Testing	
<input type="checkbox"/>	PTEM Platelet Transmission Electron Microscopic Study, Whole Blood
<input type="checkbox"/>	PLAFL Platelet Surface Glycoprotein by Flow Cytometry, Blood

von Willebrand Disease	
<input type="checkbox"/>	AVWPR von Willebrand Disease Profile, Plasma
<input type="checkbox"/>	VWACT von Willebrand Factor Activity, Plasma
<input type="checkbox"/>	VWAG von Willebrand Factor Antigen, Plasma
<input type="checkbox"/>	VWFMS von Willebrand Factor Multimer Analysis, Plasma

Individual Tests	
<input type="checkbox"/>	F8A Coagulation Factor VIII Activity Assay, Plasma
<input type="checkbox"/>	F_9 Coagulation Factor IX Activity Assay, Plasma

Chromogenic Tests	
<input type="checkbox"/>	CHF8 Chromogenic Factor VIII Activity Assay, Plasma
<input type="checkbox"/>	CH9 Chromogenic Factor IX Activity Assay, Plasma
<input type="checkbox"/>	FXCH Coagulation Factor X Chromogenic Activity Assay, Plasma

SPECIAL COAGULATION DRUG ASSAYS	
<input type="checkbox"/>	APIXA Apixaban, Anti-Xa, Plasma
<input type="checkbox"/>	ARGAT Argatroban, Ecarin, Plasma
<input type="checkbox"/>	BIVAL Bivalirudin, Ecarin, Plasma
<input type="checkbox"/>	RIVAR Rivaroxaban, Anti-Xa, Plasma

SUPPORTIVE COAGULATION TESTING	
<input type="checkbox"/>	B2GMG Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
<input type="checkbox"/>	CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum

THROMBOTIC MICROANGIOPATHY (TMA)	
<input type="checkbox"/>	ADM13 ADAMTS13 Activity and Inhibitor Profile, Plasma
<input type="checkbox"/>	AHUSD Atypical Hemolytic Uremic Syndrome (aHUS) Complement Panel, Serum and Plasma
<input type="checkbox"/>	AHUSP Complement-Mediated Atypical Hemolytic-Uremic Syndrome (aHUS)/Thrombotic Microangiopathy (TMA) Gene Panel
<input type="checkbox"/>	ECUMP Eculizumab Monitoring Panel, Serum
<input type="checkbox"/>	ECULI Eculizumab, Serum
<input type="checkbox"/>	RAVU Ravulizumab, Serum
<input type="checkbox"/>	RAVUM Ravulizumab Complement Blockage Monitoring, Serum
<input type="checkbox"/>	STFRP Shiga Toxin, Molecular Detection, PCR, Feces

Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
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Birth Date (mm-dd-yyyy)	

COAGULATION DNA TESTING	
<input type="checkbox"/> FMTT	Familial Mutation, Targeted Testing, Varies
<input type="checkbox"/> F822B	Hemophilia A F8 Gene, Intron 22 Inversion Known Mutation, Whole Blood
<input type="checkbox"/> F81B	Hemophilia A F8 Gene, Intron 1 Inversion Known Mutation, Whole Blood
<input type="checkbox"/> F8INV	Hemophilia A F8 Gene, Intron 1 and 22 Inversion Mutation Analysis, Whole Blood
<input type="checkbox"/> F8INP	Hemophilia A F8 Gene, Intron 1 and 22 Inversion Mutation Analysis, Prenatal
<input type="checkbox"/> F81P	Hemophilia A F8 Gene, Intron 1 Inversion Known Mutation Analysis, Prenatal, Varies
<input type="checkbox"/> F822P	Hemophilia A F8 Gene, Intron 22 Inversion Mutation Analysis, Prenatal, Varies

NGS TESTING	
<input type="checkbox"/> ATNGS	Antithrombin Deficiency, SERPINC1 Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> F2NGS	F2 Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> F5NGS	F5 Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> F7NGS	Factor VII Deficiency, F7 Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> F8NGS	Hemophilia A, F8 Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> NGSF9	Hemophilia B, F9 Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> F10NG	Factor X Deficiency, F10 Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> F11NG	Hemophilia C, F11 Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> F12NG	F12 Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> F13NG	F13A1 and F13B Genes, Next-Generation Sequencing, Varies
<input type="checkbox"/> FIBNG	Congenital Fibrinogen Disorders, FGA, FGB, and FGG Genes, Next-Generation Sequencing, Varies
<input type="checkbox"/> THBNG	THBD Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> VWFNG	von Willebrand Disease, VWF Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> PCNGS	Protein C Deficiency, PROC Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> PRSNG	Protein S Deficiency, PROS1 Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> PRCNG	PROCR Gene, Next-Generation Sequencing, Varies

ADDITIONAL TESTS (INDICATE TEST CODE AND NAME)	