

<b>MML Internal Use Only</b>
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**Client Information (required)**

Client Name	Client ID	Client Phone	Client Order No.
Address	City	State	Zip Code

**Patient Information (required)**

Patient ID (Medical Record No.)	Patient Name (Last, First, Middle)		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (Month DD, YYYY)	Collection Date (Month DD, YYYY)	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

**Submitting Physician/ Physician Name Information (required)**

Submitting/Referring Physician (Last, First)	<b>Fill in only if Call Back is required.</b> Phone (     ) _____ - _____ Fax * (     ) _____ - _____
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*\*Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

**Reason for Referral (required)**

	ICD-10 Diagnosis Code
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**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.)
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**Ship specimens to:**

Mayo Medical Laboratories  
3050 Superior Drive NW  
Rochester, MN 55901

**Billing Information**

- An itemized invoice will be sent each month.
- Payment terms are net 30 days.

**Customer Service: 855-516-8404**

Call the Business Office with billing related questions:  
800-447-6424 (US and Canada)  
507-266-5490 (outside the US)

Visit [www.MayoMedicalLaboratories.com](http://www.MayoMedicalLaboratories.com) for the most up-to-date test and shipping information.

## Patient Information (required)

Patient ID (Medical Record No.)	Patient Name (Last, First, Middle)	
Birth Date (Month DD, YYYY)	Client ID	Client Order No.

### BIOMARKER PANELS

CVRMP	Cardiovascular Risk Marker Panel, Serum
NOHDL	Non-HDL Cholesterol
CALDL	Calculated LDL
HDCDC	HDL Cholesterol, CDC, Serum
TCCDC	Cholesterol, Total, CDC, Serum
TGCD1	Triglycerides, Total, CDC, Serum
CVINT	Interpretation
LIPA	Lipoprotein (a), Serum
HSCRPR	C-Reactive Protein, High Sensitivity, Serum
LCATD	Lecithin Cholesterol Acyltransferase Deficiency Profile
TCS	Cholesterol, Total, CDC, Serum
CHLE	Cholesteryl Esters, Serum
PPL	Phospholipids, Serum
LPC	Lysophosphatidylcholine, Plasma
LMPP	Lipoprotein Metabolism Profile
TCS	Cholesterol, Total, CDC, Serum
TRIGC	Triglycerides, CDC, Serum
APLBS	Apolipoprotein B, Serum
HDLS	HDL Cholesterol, CDC, Serum
LMPP1	Lipoprotein Metabolism Profile 1

### LIPIDS AND LIPOPROTEINS

APLAB	Apolipoprotein A1 and B, Plasma
APLA1	Apolipoprotein A1, Plasma
APLB	Apolipoprotein B, Plasma
HDCH	Cholesterol, HDL, Serum
CHOL	Cholesterol, Total, Serum
CHLE	Cholesteryl Esters, Serum
NEFA	Free Fatty Acids, Total, Serum
TGGB	Glycerol-Corrected Triglycerides, Serum
LDLD	LDL Cholesterol (Beta-Quantification), Serum
LPAWS	Lipoprotein (a) Cholesterol, Serum
LIPA	Lipoprotein (a), Serum
LPC	Lysophosphatidylcholine, Plasma
PPL	Phospholipids, Serum
TRIG	Triglycerides, Serum

### INFLAMMATION

TXBU	11-Dehydro-Thromboxane B2, Urine
ADMA	Asymmetric Dimethylarginine, Plasma
CFIBR	Cardiac Fibrinogen, Plasma
HSCRPR	C-Reactive Protein, High Sensitivity, Serum
CYSTC	Cystatin C with Estimated GFR, Serum
F2ISO	F2-Isoprostanes, Urine
HCYSS	Homocysteine, Total, Serum
PLACA	Lipoprotein-Associated Phospholipase A2 Activity, Serum

### HEART FAILURE

ALDS	Aldosterone, Serum
ACE	Angiotensin Converting Enzyme, Serum
BNP	B-Type Natriuretic Peptide (BNP), Plasma
GAL3	Galectin-3, Serum
PBNP	NT-Pro B-Type Natriuretic Peptide (BNP), Serum
PRA	Renin Activity, Plasma
NACCL	Sodium, Serum
ST2S	ST2, Serum
TPNI	Troponin I, Serum
TPNT	Troponin T, Serum

### NEXT-GENERATION SEQUENCING PANELS

ARVGP	Arrhythmogenic Cardiomyopathy Multi-Gene Panel, Blood
BRGGP	Brugada Syndrome Multi-Gene Panel, Blood
CCMGP	Comprehensive Cardiomyopathy Multi-Gene Panel, Blood
DCMGP	Dilated Cardiomyopathy Multi-Gene Panel, Blood
HCMGP	Hypertrophic Cardiomyopathy Multi-Gene Panel, Blood
LQTGP	Long QT Syndrome Multi-Gene Panel, Blood
MFRGP	Marfan Syndrome and Related Disorders Multi-Gene Panel, Blood
NSRGP	Noonan Syndrome and Related Disorders Multi-Gene Panel, Blood

### GENETICS

DD22F	22q11.2 Deletion/Duplication, FISH
ADHP	Familial Hypercholesterolemia/Autosomal Dominant Hypercholesterolemia Genetic Testing Reflex Panel
LDLRS	Familial Hypercholesterolemia, LDLR Full Gene Sequencing
FBN1	FBN1, Full Gene Sequence
TGF1	TGFBR1, Full Gene Sequence
TGF2	TGFBR2, Full Gene Sequence
KRASB	KRAS, Full Gene Sequence, Blood
PT11	PTPN11, Full Gene Sequence, Blood
RAF1	RAF1, Full Gene Sequence, Blood
SOS1	SOS1, Full Gene Sequence, Blood

### PHARMACOLOGY/PHARMACOGENETICS

2C19B	Cytochrome P450 2C19 Genotype, Blood
3A4B	Cytochrome P450 3A4 Genotype, Blood
FRDIG	Digoxin, Free, Serum
DIG	Digoxin, Serum
IMPR	Imipramine and Desipramine, Serum
SLC1B	Solute Carrier Organic Anion Transporter Family Member 1B1 (SLC01B1) Genotype, Statin, Blood
WARFB	Warfarin Sensitivity Genotype by Sequence Analysis, Blood
WRF	Warfarin, Serum

### PROTEOMICS

82091	Amyloid Protein Identification, Paraffin, LC-MS/MS
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### ANATOMIC PATHOLOGY

70015	Anatomic Pathology Consultation, Wet Tissue*
5361	Cardiovascular or Cardiopulmonary Consultation, Autopsy
MDM2F	MDM2 (12q15) Amplification, Well-Differentiated Liposarcoma/Atypical Lipomatous Tumor, FISH, Tissue
DDITF	Myxoid/Round Cell Liposarcoma 12q13 (DDIT3 or CHOP) Rearrangement, FISH, Tissue
SS18F	Synovial Sarcoma (SS), 18q11.2 (SS18 or SYT) Rearrangement, FISH, Tissue
SYT	Synovial Sarcoma by Reverse Transcriptase PCR (RT-PCR)

### ADDITIONAL TESTS (Indicate Test ID and Name)


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