

General Test Request

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street Address		
City	State	ZIP Code

Submitting Healthcare Professional Information (required)

Submitting/Referring Healthcare Professional Name <small>(Last, First)</small>
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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)

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 55905

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 <small>(if different than patient)</small>		
Relationship to Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other: _____		
Medicare HIC Number <small>(if applicable)</small>		
Medicaid Number <small>(if applicable)</small>		
Insurance Company Name <small>(if applicable)</small>		
Insurance Company Street Address		
City	State	ZIP Code
Policy Number		
Group Number		

MCL Internal Use Only

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	
<input type="checkbox"/> ACTH	Adrenocorticotrophic Hormone, Plasma
<input type="checkbox"/> VITC	Ascorbic Acid (Vitamin C), Plasma
<input type="checkbox"/> PBKQN	BK Virus DNA Detection and Quantification, Plasma
<input type="checkbox"/> CMVQN	Cytomegalovirus (CMV) DNA Detection and Quantification by Real-Time PCR, Plasma
<input type="checkbox"/> EBVQN	Epstein-Barr Virus DNA Detection and Quantification, Plasma
<input type="checkbox"/> PMET	Metanephrines, Fractionated, Free, Plasma
<input type="checkbox"/> PTHRP	Parathyroid Hormone-Related Peptide, Plasma
<input type="checkbox"/> PLP	Pyridoxal 5-Phosphate, Plasma
<input type="checkbox"/> PRA	Renin Activity, Plasma
Serum	
<input type="checkbox"/> DHVD	1,25-Dihydroxyvitamin D, Serum
<input type="checkbox"/> SFUNG	1,3-Beta-D-Glucan (Fungitell), Serum
<input type="checkbox"/> OHPG	17-Hydroxyprogesterone, Serum
<input type="checkbox"/> 25HDN	25-Hydroxyvitamin D2 and D3, Serum
<input type="checkbox"/> ALS	Aldolase, Serum
<input type="checkbox"/> ALDS	Aldosterone, Serum
<input type="checkbox"/> AAT	Alpha-1-Antitrypsin, Serum
<input type="checkbox"/> A1APP	Alpha-1-Antitrypsin Phenotype, Serum
<input type="checkbox"/> MAFP1	Alpha-Fetoprotein (AFP), Single Marker Screen, Maternal, Serum
<input type="checkbox"/> ACE	Angiotensin Converting Enzyme, Serum
<input type="checkbox"/> AMH1	Antimullerian Hormone, Serum
<input type="checkbox"/> ANA2	Antinuclear Antibodies (ANA), Serum
<input type="checkbox"/> NAIFA	Antinuclear Antibodies, HEp-2 Substrate, IgG, Serum
<input type="checkbox"/> APOLB	Apolipoprotein B, Serum
<input type="checkbox"/> ASPAG	<i>Aspergillus</i> (Galactomannan) Antigen, Serum
<input type="checkbox"/> CTX	Beta-CrossLaps, Serum
<input type="checkbox"/> C2729	Breast Carcinoma-Associated Antigen, Serum
<input type="checkbox"/> CDSP	Celiac Disease Serology Cascade, Serum
<input type="checkbox"/> CERS	Ceruloplasmin, Serum
<input type="checkbox"/> CGAK	Chromogranin A, Serum
<input type="checkbox"/> CUS1	Copper, Serum
<input type="checkbox"/> CPR	C-Peptide, Serum
<input type="checkbox"/> CCP	Cyclic Citrullinated Peptide Antibodies, IgG, Serum

<input type="checkbox"/> CSTCE	Cystatin C with Estimated Glomerular Filtration Rate (eGFR), Serum
<input type="checkbox"/> ANCA	Cytoplasmic Neutrophil Antibodies, Serum
<input type="checkbox"/> DHES1	Dehydroepiandrosterone Sulfate, Serum
<input type="checkbox"/> ADNA1	Double-Stranded DNA (dsDNA) Antibodies, IgG, Serum
<input type="checkbox"/> ENS2	Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum
<input type="checkbox"/> EPO	Erythropoietin, Serum
<input type="checkbox"/> EEST	Estradiol, Serum
<input type="checkbox"/> FIBRO	FibroTest-ActiTest, Serum
<input type="checkbox"/> FRUCT	Fructosamine, Serum
<input type="checkbox"/> GD65S	Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
<input type="checkbox"/> HBVQN	Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum
<input type="checkbox"/> HCVQN	Hepatitis C Virus (HCV) RNA Detection and Quantification by Real-Time Reverse Transcription-PCR (RT-PCR), Serum
<input type="checkbox"/> HSVG	Herpes Simplex Virus (HSV) Type 1- and Type 2-Specific Antibodies, IgG, Serum
<input type="checkbox"/> IGGS	IgG Subclasses, Serum
<input type="checkbox"/> IGE	Immunoglobulin E (IgE), Serum
<input type="checkbox"/> FLCS	Immunoglobulin Free Light Chains, Serum
<input type="checkbox"/> IGFMS	Insulin-Like Growth Factor-1, Mass Spectrometry, Serum
<input type="checkbox"/> LAMO	Lamotrigine, Serum
<input type="checkbox"/> LEVE	Levetiracetam, Serum
<input type="checkbox"/> LIPA1	Lipoprotein(a), Serum
<input type="checkbox"/> LKM	Liver/Kidney Microsome Type 1 Antibodies, Serum
<input type="checkbox"/> LYWB	Lyme Disease Antibody, Immunoblot, Serum
<input type="checkbox"/> LYME	Lyme Disease Serology, Serum
<input type="checkbox"/> MMAS	Methylmalonic Acid, Quantitative, Serum
<input type="checkbox"/> AMA	Mitochondrial Antibodies (M2), Serum
<input type="checkbox"/> QMPSS	Monoclonal Protein Study, Quantitative, Serum
<input type="checkbox"/> MUSK	Muscle-Specific Kinase (MuSK) Autoantibody, Serum
<input type="checkbox"/> NMOFS	Neuromyelitis Optica (NMO)/Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
<input type="checkbox"/> PAVAL	Paraneoplastic, Autoantibody Evaluation, Serum

<input type="checkbox"/> PSAFT	Prostate-Specific Antigen (PSA), Total and Free, Serum
<input type="checkbox"/> SES	Selenium, Serum
<input type="checkbox"/> SMAS	Smooth Muscle Antibody Screen, Serum
<input type="checkbox"/> PN23M	<i>Streptococcus pneumoniae</i> IgG Antibodies, 23 Serotypes, Serum
<input type="checkbox"/> RT3	T3 (Triiodothyronine), Reverse, Serum
<input type="checkbox"/> TGRP	Testosterone, Total and Free, Serum
<input type="checkbox"/> TTST	Testosterone, Total, Mass Spectrometry, Serum
<input type="checkbox"/> HTG2	Thyroglobulin, Tumor Marker, Serum
<input type="checkbox"/> THYRO	Thyrotropin Receptor Antibody, Serum
<input type="checkbox"/> TSI	Thyroid-Stimulating Immunoglobulin, Serum
<input type="checkbox"/> TTGA	Tissue Transglutaminase Antibody, IgA, Serum
<input type="checkbox"/> TRYPT	Trypsin, Serum
<input type="checkbox"/> VZPG	Varicella-Zoster Antibody, IgG, Serum
<input type="checkbox"/> VITA	Vitamin A, Serum
<input type="checkbox"/> VITE	Vitamin E, Serum
<input type="checkbox"/> VITK1	Vitamin K1, Serum
<input type="checkbox"/> ZN_S	Zinc, S
Whole Blood	
<input type="checkbox"/> EPCRb	<i>Ehrlichia/Anaplasma</i> , Molecular Detection, PCR, Blood
<input type="checkbox"/> LY27B	HLA-B27, Blood
<input type="checkbox"/> PBDC	Lead, Capillary, with Demographics, Blood
<input type="checkbox"/> PBDV	Lead, Venous, with Demographics, Blood
<input type="checkbox"/> PETH	Phosphatidylethanol Confirmation, Blood
<input type="checkbox"/> QFT4	QuantiFERON-TB Gold Plus, Blood
<input type="checkbox"/> TAKRO	Tacrolimus, Blood
<input type="checkbox"/> TDP	Thiamine (Vitamin B1), Whole Blood
<input type="checkbox"/> TIKLB	Tick-Borne Panel, Molecular Detection, PCR, Blood
FECES	
<input type="checkbox"/> CALPR	Calprotectin, Feces
<input type="checkbox"/> OPE	Ova and Parasite, Travel History or Immunocompromised, Feces
<input type="checkbox"/> ELASF	Pancreatic Elastase, Feces
URINE	
<input type="checkbox"/> THCU	Delta-8 and Delta-9-Carboxy-Tetrahydrocannabinol (THC) Confirmation, Random, Urine

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Birth Date (mm-dd-yyyy)	

MISCELLANEOUS	
<input type="checkbox"/> SAFB	Acid-Fast Smear for <i>Mycobacterium</i> , Varies
<input type="checkbox"/> SALCT	Cortisol, Saliva
<input type="checkbox"/> ENC2	Encephalopathy, Autoimmune/ Paraneoplastic Evaluation, Spinal Fluid
<input type="checkbox"/> UBT	<i>Helicobacter pylori</i> Breath Test
<input type="checkbox"/> HSVPV	Herpes Simplex Virus (HSV), Molecular Detection, PCR, Varies
<input type="checkbox"/> LDALD	Lysosomal and Peroxisomal Disorders Newborn Screen, Blood Spot
<input type="checkbox"/> CTB	Mycobacteria and <i>Nocardia</i> Culture, Varies

ADDITIONAL TESTS (INDICATE TEST ID AND NAME)	

