

Neurology Specialty Testing

Client 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 <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.

"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.

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 | | |

Reason for Testing (required)

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| <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| ICD-10 Diagnosis Code |

Note: It is a client's responsibility to maintain documentation of the order.
New York State Patients: Informed Consent for Genetic Testing

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|---|
| MCL Internal Use Only <hr/> <hr/> <hr/> <hr/> <hr/> |
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Ship specimens to:
Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55905

Customer Service: 800-533-1710

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) | |

AUTOIMMUNE CNS AND PARANEOPLASTIC DISORDERS

- ENS2 Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA-B, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF, Septin-7, Neurochondrin, TRIM46, PDE10A)
- ENC2 Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA-B, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF, Septin-7, Neurochondrin, TRIM46, PDE10A)
- GBACS Gamma-Amino Butyric Acid Type A (GABA-A) Receptor Antibody by Cell Binding Assay, Serum
- GBACC Gamma-Amino Butyric Acid Type A (GABA-A) Receptor Antibody by Cell Binding Assay, Spinal Fluid
- MA2ES Ma2 Antibody by ELISA, Serum
- MA2EC Ma2 Antibody by ELISA, Spinal Fluid
- K11CS Kelch-Like Protein 11 Antibody, Cell Binding Assay, Serum
- K11CC Kelch-Like Protein 11 Antibody, Cell Binding Assay, Spinal Fluid
- GD65S Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
- GD65C Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Spinal Fluid

Pediatric CNS Disorders

- PCDEC Pediatric Autoimmune Encephalopathy/CNS Disorders Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA-B, AQP4, DPPX, mGluR1, PCA-Tr, ANNA-1, GAD65, GFAP, Neurochondrin)
- PCDES Pediatric Autoimmune Encephalopathy/CNS Disorders Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA-B, AQP4, MOG, DPPX, mGluR1, PCA-Tr, ANNA-1, GAD65, GFAP, Neurochondrin)
- GBACC Gamma-Amino Butyric Acid Type A (GABA-A) Receptor Antibody by Cell Binding Assay, Spinal Fluid
- GBACS Gamma-Amino Butyric Acid Type A (GABA-A) Receptor Antibody by Cell Binding Assay, Serum

AUTOIMMUNE VISION LOSS

- PVLE Paraneoplastic Vision Loss Evaluation, Serum (RCVBS, CRMS)
- RCVBS Recoverin-IgG Antibody by Immunoblot, Serum

DEMENTIA

Alzheimer's Disease

- PT217 Phospho-Tau 217, Plasma
- C2NAD PrecivityAD, Plasma
- C2AD2 PrecivityAD2, Plasma
- AD2AR PrecivityAD2, Reflex to Apolipoprotein E, Plasma
- ADEVL Alzheimer's Disease Evaluation, Spinal Fluid (Abeta42, total-Tau, p-Tau181, p-Tau181/Abeta42 ratio)
- AMYR Beta-Amyloid Ratio (1-42/1-40), Spinal Fluid
- APOEG Apolipoprotein E Genotyping, Blood

Autoimmune Dementia

- DMS2 Dementia, Autoimmune/Paraneoplastic Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA-B, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF, Neurochondrin, TRIM46, PDE10A)
- DMC2 Dementia, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA-B, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF, Neurochondrin, TRIM46, PDE10A)

Rapidly Progressive Dementia

- RPDE Rapidly Progressive Dementia Evaluation, Spinal Fluid (Abeta42, total-Tau, p-Tau181, p-Tau181/Abeta42 ratio, RT-QuIC Prion, total-Tau/p-Tau181 ratio)

Creutzfeldt-Jakob Disease

- CJDE Creutzfeldt-Jakob Disease Evaluation, Spinal Fluid (RT-QuIC Prion, total-Tau, p-Tau181, total-Tau/p-Tau181 ratio)

Frontotemporal Dementia

- C9ORF C9orf72 Hexanucleotide Repeat, Molecular Analysis
- AFTDP Inherited Frontotemporal Dementia and Amyotrophic Lateral Sclerosis Gene Panel (51 genes)
- CGPH Custom Gene Panel, Hereditary, Next-Generation Sequencing (This test can be utilized to modify any of the above frontotemporal dementia multi-gene panels or to order a single gene from any of the above panels.)

Gene List ID: _____

CADASIL

- NTC3Z NOTCH3 Gene, Full Gene Analysis

DEMYELINATING DISEASE

- CDS1 CNS Demyelinating Disease Evaluation, Serum (AQP4, MOG)
- NMOFS Neuromyelitis Optica (NMO)/Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
- MOGFS Myelin Oligodendrocyte Glycoprotein (MOG-IgG1) Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
- KCSF Immunoglobulin Kappa Free Light Chain, Spinal Fluid
- MSP3 Multiple Sclerosis (MS) Profile, Serum and Spinal Fluid

DEVELOPMENTAL DELAY

- BWRS Beckwith-Wiedemann Syndrome/Russell-Silver Syndrome, Molecular Analysis, Varies
- CDKZ CDKN1C Gene, Full Gene Analysis, Varies
- CMACB Chromosomal Microarray, Congenital, Blood
- FXS Fragile X Syndrome, Molecular Analysis
- PWAS Prader-Willi/Angelman Syndrome, Molecular Analysis
- MCP2Z MECP2 Gene, Full Gene Analysis

DYSAUTONOMIA

- DYS2 Dysautonomia Autoimmune/Paraneoplastic Evaluation, Serum (LGI1, CASPR2, DPPX, AChR Ganglionic, ANNA-1, PCA-2, CRMP-5, AP3B2)

EPILEPSY

Autoimmune Epilepsy

- EPS2 Epilepsy, Autoimmune/Paraneoplastic Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA-B, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, Neurochondrin, TRIM46, PDE10A)
- EPC2 Epilepsy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA-B, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, Neurochondrin, TRIM46, PDE10A)
- GBACS Gamma-Amino Butyric Acid Type A (GABA-A) Receptor Antibody by Cell Binding Assay, Serum
- GBACC Gamma-Amino Butyric Acid Type A (GABA-A) Receptor Antibody by Cell Binding Assay, Spinal Fluid

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Hereditary Epilepsy

EPPAN Comprehensive Epilepsy Gene Panel (319 genes)

HMEP Hemiplegic Migraine Gene Panel (9 genes)

TSCP Tuberos Sclerosis Gene Panel (2 genes)

CSTB CSTB Repeat Expansion Analysis

CGPH Custom Gene Panel, Hereditary (This test can be utilized to modify any of the above panels or to order a single gene from any of the above panels.)

Gene List ID: _____

FOLLOW-UP TESTING - NEUROIMMUNOLOGY

PNEFS Neuroimmunology Antibody Follow-up, Serum
Specify Antibody: _____

PNEFC Neuroimmunology Antibody Follow-up, Spinal Fluid
Specify Antibody: _____

MENINGITIS

CSFME Meningitis/Encephalitis Pathogen Panel, PCR, Spinal Fluid

MSCSF Bacteria, Virus, Fungus, and Parasite Metagenomic Sequencing, Spinal Fluid

HEREDITARY HEARING LOSS

AHLF AudioloGene Hearing Loss Panel, Varies

WHOLE EXOME

CMPRE Family Member Comparator Specimen for Exome Sequencing, Varies

WESPR Panel to Whole Exome Sequencing Reflex Test, Varies

WESMT Whole Exome and Mitochondrial Genome Sequencing, Varies

WESDX Whole Exome Sequencing for Hereditary Disorders, Varies

WESR Whole Exome Sequencing Reanalysis, Varies

WHOLE GENOME

CMPRG Family Member Comparator Specimen for Genome Sequencing, Varies

WGSDX Whole Genome Sequencing for Hereditary Disorders, Varies

WGSR Whole Genome Sequencing Reanalysis, Varies

MITOCHONDRIAL DISORDERS

GDF15 Growth Differentiation Factor 15, Plasma

DMITO Mitochondrial DNA Deletion Heteroplasmy, ddPCR, Varies

MITOP Mitochondrial Full Genome Analysis by Next-Generation Sequencing (NGS)

NMITO Mitochondrial Nuclear Gene Panel by Next-Generation Sequencing (NGS)

CMITO Combined Mitochondrial Analysis, Mitochondrial Full Genome and Nuclear Gene Panel

MOVEMENT DISORDERS

Autoimmune Movement Disorders

GLYCS Glycine Receptor Alpha1 IgG, Cell Binding Assay, Serum

GLYCC Glycine Receptor Alpha1 IgG, Cell Binding Assay, Spinal Fluid

MA2ES Ma2 Antibody by ELISA, Serum

MA2EC Ma2 Antibody by ELISA, Spinal Fluid

MDS2 Movement Disorder, Autoimmune/Paraneoplastic Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA-B, DPPX, mGluR1, VGCC-P/Q, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, GRAF1, ITPR1, KLHL11, NIF, Septin-5, Septin-7, AP3B2, Neurochondrin, TRIM46, PDE10A)

MDC2 Movement Disorder, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA-B, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, GRAF1, ITPR1, KLHL11, NIF, Septin-5, Septin-7, AP3B2, Neurochondrin, TRIM46, PDE10A)

SPPS Stiff-Person Spectrum Disorders Evaluation, including Progressive Encephalomyelitis with Rigidity and Myoclonus, Serum (GlyR, GAD65, DPPX, Amphiphysin)

SPPC Stiff-Person Spectrum Disorders Evaluation, including Progressive Encephalomyelitis with Rigidity and Myoclonus, Spinal Fluid (GlyR, GAD65, DPPX, Amphiphysin)

Hereditary Movement Disorders

FFRWB Friedreich Ataxia, Frataxin, Quantitative, Whole Blood

AFXN Friedreich Ataxia, Repeat Expansion Analysis

SCAP Spinocerebellar Ataxia Repeat Expansion Panel

SCARA Spinocerebellar Ataxia Type 1, 2, 3, 6, or 7, Repeat Expansion Analysis

Gene List ID: _____

ATAXP Inherited Ataxia Gene Panel (198 genes)

PARDP Inherited Parkinson Disease Gene Panel (94 genes)

ISPP Inherited Spastic Paraplegia Gene Panel (128 genes)

HAD Huntington Disease, Molecular Analysis

DRPL Dentatorubral-Pallidolusian Atrophy (DRPLA) Gene Analysis, Varies

CGPH Custom Gene Panel, Hereditary, Next-Generation Sequencing (This test can be utilized to modify any of the above peripheral neuropathy multi-gene panels or to order a single gene from any of the above panels.)

Gene List ID: _____

MYELOPATHY

MAS1 Myelopathy, Autoimmune/Paraneoplastic Evaluation, Serum (AQP4, MOG, GABA-B, DPPX, mGluR1, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF, Septin-7, AP3B2, Neurochondrin, TRIM46)

MAC1 Myelopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid (AQP4, GABA-B, DPPX, mGluR1, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF, Septin-7, AP3B2, Neurochondrin, TRIM46)

NEURODEGENERATION

ASYNC Alpha-Synuclein Aggregates, Spinal Fluid

NFLP Neurofilament Light Chain, Plasma

NEUROMUSCULAR

Neuromuscular Junction Disorders

MGMR Myasthenia Gravis Evaluation with Muscle-Specific Kinase (MuSK) Reflex, Serum

MGLE Myasthenia Gravis/Lambert-Eaton Myasthenic Syndrome Evaluation, Serum

Stand-Alone Antibodies

ARBI Acetylcholine Receptor (Muscle AChR) Binding Antibody, Serum

MUSK Muscle-Specific Kinase (MuSK) Autoantibody, Serum

Autoimmune Neuromuscular

Idiopathic Inflammatory Myopathy

MSAES Myositis Specific Antibody Evaluation, Serum

NMS1 Necrotizing Myopathy Evaluation, Serum (HMGR, SRP)

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Hereditary Neuromuscular

MUPAN Comprehensive Neuromuscular Gene Panel (217 genes)

Motor Neuron Disease

MNDP Inherited Motor Neuron Disease Gene Panel (34 genes)

SOD1Z *SOD1* Gene, Full Gene Analysis

C9ORF *C9orf72* Hexanucleotide Repeat, Molecular Analysis

SMNDX Spinal Muscular Atrophy Diagnostic Assay, Deletion/Duplication Analysis

SBULB Spinobulbar Muscular Atrophy (Kennedy Disease), Molecular Analysis

Myopathy

RABMP Inherited Rhabdomyolysis and Metabolic Myopathy Panel (84 genes)

Neuromuscular Junction

CMSP Inherited Congenital Myasthenic Syndrome Gene Panel (28 genes)

LGCMP Inherited Limb-Girdle Muscular Dystrophy and Congenital Myasthenic Syndrome Gene Panel (65 genes)

Muscular Dystrophy

MDYSP Inherited Muscular Dystrophy Gene Panel (75 genes)

LGCMP Inherited Limb-Girdle Muscular Dystrophy and Congenital Myasthenic Syndrome Gene Panel (65 genes)

EDMDP Inherited Emery-Dreifuss Gene Panel (7 genes)

DMDZ *DMD* Gene, Full Gene Analysis

DBMD Duchenne/Becker Muscular Dystrophy, *DMD* Gene, Large Deletion/Duplication Analysis

Hyperexcitable Muscle Disease

SMCP Inherited Skeletal Muscle Channelopathy Gene Panel (5 genes)

CGPH Custom Gene Panel, Hereditary (This test can be utilized to modify any of the neuromuscular multi-gene panels or to order a single gene from any of the above panels.)

Gene List ID: _____

Demyelinating

DMNES Peripheral Nervous System Demyelinating Neuropathy, Autoimmune Evaluation, Serum (Contactin-1 IgG CBA, GQ1b, IgG Disialo. GD1b, IgM Disialo. GD1b, IgG Monos. GM1, IgM Monos. GM1, MAG IgM, Neurofascin-155 IgG4)

MAGES Myelin Associated Glycoproteins (MAG) Autoantibodies (IgM), Serum

CIDP Chronic Inflammatory Demyelinating Polyradiculoneuropathy/Nodopathy Evaluation, Serum (Contactin-1 IgG CBA, Neurofascin-155 IgG4)

Gangliosides

GAES Ganglioside Antibodies Evaluation, Serum (GQ1b, IgG Disialo. GD1b, IgM Disialo. GD1b, IgG Monos. GM1, IgM Monos. GM1)

GQ1ES Ganglioside GQ1b Antibody, IgG, ELISA, Serum

Hereditary Peripheral Neuropathy

PMPDD *PMP22* Gene, Large Deletion/Duplication Analysis

PEPAN Comprehensive Peripheral Neuropathy Gene Panel (186 genes)

IMSNP Inherited Motor and Sensory Neuropathy Gene Panel (87 genes)

IMNP Inherited Motor Neuropathy Gene Panel (26 genes)

ISNP Inherited Sensory Neuropathy Gene Panel (23 genes)

SORD Sorbitol and Xylitol, Quantitative, Random, Urine

TTRZ *TTR* Gene, Full Gene Analysis (1 gene)

Distal Myopathy + Peripheral Neuropathy

DWPAN Comprehensive Distal Weakness Gene Panel (211 genes)

Brachial Plexus

SEP9Z *SEPTIN9* Gene, Full Gene Analysis (1 gene)

CGPH Custom Gene Panel, Hereditary, Next-Generation Sequencing (This test can be utilized to modify any of the above peripheral neuropathy multi-gene panels or to order a single gene from any of the above panels.)

Gene List ID: _____

CZPS Clonazepam and 7-Aminoclonazepam, Serum

ETX Ethosuximide, Serum

FELBA Felbamate (Felbatol), Serum

GABA Gabapentin, Serum

LACO Lacosamide, Serum

LAMO Lamotrigine, Serum

LEFLU Leflunomide Metabolite (Teriflunomide), Serum

LEVE Levetiracetam, Serum

MEPHS Mephobarbital and Phenobarbital, Serum

OMHC Oxcarbazepine Metabolite, Serum

PERAM Perampanel, Serum

PBR Phenobarbital, Serum

PNYA Phenytoin, Total, Serum

PGN Pregabalin, Serum

PRMB Primidone and Phenobarbital, Serum

RUFU Rufinamide, Serum

SECOS Secobarbital, Serum

TOPI Topiramate, Serum

TMP Trimethoprim, Serum

VALPA Valproic Acid, Total, Serum

ZONI Zonisamide, Serum

Pharmacogenomics

PGXQP Focused Pharmacogenomics Panel (*CYP1A2, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, SLCO1B1, VKORC1, CYP4F2*, and rs1277823)

CARBR Carbamazepine Hypersensitivity Pharmacogenomics, Varies

COMTQ Catechol-O-Methyltransferase (COMT) Genotype

1A2Q Cytochrome P450 1A2 Genotype

2C19R Cytochrome P450 2C19 Genotype

2C9QT Cytochrome P450 2C9 Genotype

2D6Q Cytochrome P450 2D6 Comprehensive Cascade

3A4Q Cytochrome P450 3A4 Genotype

3A5Q Cytochrome P450 3A5 Genotype

NAT2Q N-Acetyltransferase 2 (NAT2) Genotype

TPNUQ Thiopurine Methyltransferase (*TPMT*) and Nudix Hydrolase (*NUDT15*) Genotyping

WARSQ Warfarin Response Genotype

NEUROPATHY

Autoimmune Neuropathy

Axonal

AIAES Axonal Neuropathy, Autoimmune/Paraneoplastic Evaluation, Serum (LGI1, CASPR2, IgLON5, ANNA-1, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GFAP, NIF, AP3B2)

SLEEP DISORDERS

ORXNA Orexin-A/Hypocretin-1, Spinal Fluid

THERAPEUTIC TESTING / DRUG MONITORING

Antiepileptic Drugs

BRIVA Brivaracetam, Plasma

CARTA Carbamazepine, Total, Serum

CDP Chlordiazepoxide and Metabolite, Serum

CLOBZ Clobazam and Metabolite, Serum

ADDITIONAL TESTS (INDICATE TEST ID AND NAME)
