

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
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.*

Reason for Testing (required)

<hr/> <hr/> <hr/> <hr/>
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 informed consent.



Ship specimens to:
Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55905

Customer Service: 800-533-1710

Patient Information (required)

Patient ID (Medical Record No.)		
Patient Name (Last, First Middle)		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm-dd-yyyy)	
Collection Date (mm-dd-yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm	
Street Address		
City	State	ZIP Code
Phone		

Insurance Information

Subscriber's 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's Name (if applicable)		
Insurance Company's 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)

Patient ID (Medical Record No.)	Client Account No.
Patient Name (Last, First Middle)	Client Order No.
Birth Date (mm-dd-yyyy)	

CONSULTATION/MORPHOLOGY EVALUATION

HPCUT Hematopathology Consultation, Client Embed (submit bone marrow aspirate and embedded core biopsy and clot section)

HPWET Hematopathology Consultation, MCL Embed (submit core biopsy, clot section and bone marrow aspirate)

Note: HPWET and HPCUT require MCL approval prior to ordering and submission of specimens.
Call 800-533-1710 for approval.

PATHC Pathology Consultation (submit stained slides and block)

REVE2 Erythrocytosis Evaluation, Blood

WGSEQ Gamma-Globin Full Gene Sequencing, Varies

HBEL1* Hemoglobin Electrophoresis Evaluation, Blood

HGBCE* Hemoglobin Variant, A2 and F Quantitation, Blood

HAEV1* Hemolytic Anemia Evaluation, Blood

MEV1* Methemoglobinemia Evaluation, Blood

SDEX Sickle Solubility, Blood

THEV1* Thalassemia and Hemoglobinopathy Evaluation, Blood and Serum

LCMS Leukemia/Lymphoma Immunophenotyping, Flow Cytometry, Varies

SVISC Viscosity, Serum

ERYTHROCYTES: ENZYMOPATHIES

AK1 Adenylate Kinase Enzyme Activity, Blood

G6PD1 Glucose 6-Phosphate Dehydrogenase Enzyme Activity, Blood

G6PDZ Glucose-6-Phosphate Dehydrogenase (G6PD) Full Gene Sequencing

GPI1 Glucose Phosphate Isomerase Enzyme Activity, Blood

GSH Glutathione, Blood

HAEV1* Hemolytic Anemia Evaluation, Blood

HK1 Hexokinase Enzyme Activity, Blood

PFK1 Phosphofructokinase Enzyme Activity, Blood

PGK1 Phosphoglycerate Kinase Enzyme Activity, Blood

P5NT Pyrimidine 5' Nucleotidase, Blood

PK1 Pyruvate Kinase Enzyme Activity, Blood

PKLRZ PKLR Full Gene Analysis, Varies

EEEV1* Red Blood Cell (RBC) Enzyme Evaluation, Blood

TPI1 Triosephosphate Isomerase Enzyme Activity, Blood

ERYTHROCYTES: HEREDITARY ERYTHROCYTOSIS

BPGMM 2,3-Bisphosphoglycerate Mutase, Full Gene Sequencing Analysis, Varies

REVE2 Erythrocytosis Evaluation, Blood

EPO Erythropoietin, Serum

HEMP Hereditary Erythrocytosis Mutations, Whole Blood

METABOLISM: MEGALOBLASTIC ANEMIA

FOL Folate, Serum

GAST Gastrin, Serum

MMAP Methylmalonic Acid, Quantitative, Plasma

MMAS Methylmalonic Acid, Quantitative, Serum

MMAU Methylmalonic Acid, Quantitative, Urine

ACASM Pernicious Anemia Cascade, Serum

B12 Vitamin B12 Assay, Serum

FB12 Vitamin B12 and Folate, Serum

METABOLISM: METALS

CERS Ceruloplasmin, Serum

FERR1 Ferritin, Serum

HFET Hereditary Hemochromatosis, HFE Variant Analysis, Varies

SFEC Iron and Total Iron-Binding Capacity, Serum

TRSF Transferrin, Serum

ERYTHROCYTES: IMMUNOLOGY

ABYSR Antibody Screen with Reflexed Antibody Identification, Blood

CATTR Cold Agglutinin Titer, Serum

BTR Isoagglutinin Titer, Anti-B, Serum

PLINK Paroxysmal Nocturnal Hemoglobinuria, PI-Linked Antigen, Blood

MOLECULAR BENIGN HEMATOLOGY STUDIES

NCDA Congenital Dyserythropoietic Anemia Gene Panel, Next-Generation Sequencing, Varies

NHEP Hereditary Erythrocytosis Gene Panel, Next-Generation Sequencing, Varies

NHHA Hereditary Hemolytic Anemia Gene Panel, Next-Generation Sequencing, Varies

NCYB Recessive Congenital Methemoglobinemia, CYB5 and CYB5 Reductase Genetic Analysis, Next-Generation Sequencing, Varies

NENZ Red Blood Cell Enzyme Disorders Gene Panel, Next-Generation Sequencing, Varies

NMEM Red Blood Cell Membrane Disorders Gene Panel, Next-Generation Sequencing, Varies

ERYTHROCYTES: GENERAL

PLHBB Plasma Free Hemoglobin, Plasma

RETB Reticulocyte Profile, Blood (includes reticulocyte hemoglobin and immature reticulocyte fraction)

RTIC Reticulocytes, Blood

ERYTHROCYTES: MEMBRANE DISORDERS

HAEV1* Hemolytic Anemia Evaluation, Blood

FRAG Osmotic Fragility, Erythrocytes

RBCME* Red Blood Cell Membrane Evaluation, Blood

ERYTHROCYTES: METHEMOGLOBIN

METR1 Cytochrome b5 Reductase Enzyme Activity, Blood

MET Methemoglobin and Sulfhemoglobin, Blood

MEV1* Methemoglobinemia Evaluation, Blood

ADDITIONAL TESTS (INDICATE TEST ID AND NAME)

ERYTHROCYTES: HEMOGLOBIN DISORDERS

AGDD Alpha Globin Cluster Locus Deletion/Duplication, Varies

WASEQ Alpha Globin Gene Sequencing, Varies

WBSEQ Beta Globin Gene Sequencing, Varies

WBGDR Beta-Globin Gene Cluster Deletion/Duplication, Blood

WBGDD Beta-Globin Gene Cluster, Deletion/Duplication, Varies

LEUKOCYTES

MURA Lysozyme (Muramidase), Plasma

LYMPHOCYTES

ALPS Alpha Beta Double-Negative T Cells for Autoimmune Lymphoproliferative Syndrome, Blood

CRGSP Cryoglobulin and Cryofibrinogen Panel, Serum and Plasma

ATR Isoagglutinin Titer, Anti-A, Serum

*Metabolic Hematology Patient Information (T810) is strongly recommended for this test. For more information, see corresponding test on MayoClinicLabs.com