

**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 Name (Last, First) |
|--|

**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.*

**Pathologist Information (required)**

|   |                       |
|---|-----------------------|
| Submitting/Referring Pathologist Name (Last, First) |                       |
| 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.*

**New York State Patients: Not Accepted.**

**Ship specimens to:**

Mayo Clinic Laboratories – Jacksonville  
4461 Mellish Drive, Stabile Bldg N  
Jacksonville, FL 32224

**Customer Service: 800-533-1710**

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

**Patient Information (required)**

|  |  |
|--|--|
| Patient ID (Medical Record No.)                                      |  |
| Patient Name (Last, First Middle)                                    |  |
| Sex<br><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 |

**Specimens Provided (required)**

|   |  |
|---|--|
| <input type="checkbox"/> Blood<br><input type="checkbox"/> Bone marrow<br><input type="checkbox"/> Paraffin block (formalin-fixed only) No. sent: _____<br>Indicate source: _____<br>Case/Block ID: _____ | <input type="checkbox"/> Slides<br>No. sent: _____ H&E: _____<br>Thickness (um): _____<br>Unstained: _____<br>Indicate source: _____<br>Case/Block ID: _____ |
|---|--|

If ordering HER2 testing:  
 Was specimen fixed in 10% neutral buffered formalin within 1 hour of surgical collection time?  Yes  No  
 Has specimen been fixed in 10% neutral buffered formalin for 6 to 72 hours?  Yes  No

**Pathology/Clinical Diagnosis (required)**

|  |
|--|
| Include a brief history, pertinent laboratory results, suspected diagnosis, and reason for testing.<br><hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
|--|

**Note:** It is the client's responsibility to maintain documentation of the order.

**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)           |                    |

| CYTOGENETIC TESTS  |   |
|--|---|
| FISH Testing (Fluorescence In Situ Hybridization) Whole Blood Only |   |
| <input type="checkbox"/> JCLLB                                     | Chronic Lymphocytic Leukemia, FISH, Blood – Full Panel (for specific probes, mark selection below)                        |
| <input type="checkbox"/> CLL1: ATM, TP53                           | 11q deletion, 17p deletion  |
| <input type="checkbox"/> CLL2: D12Z3, D13S319/LAMP1                | +12, 13q deletion   |
| <input type="checkbox"/> D6Z1/MYB                                  | Monosomy 6, 6q deletion   |
| <input type="checkbox"/> CCND1/IGH                                 | t(11;14)(q13;q32)   |
| <input type="checkbox"/> JAMLB                                     | Acute Myeloid Leukemia (AML), FISH, Blood – Full Panel (for specific probes, select from section below)                   |
| <input type="checkbox"/> PML::RARA                                 | t(15;17)(q24.1;q21.2)   |
| <input type="checkbox"/> RUNX1T1::RUNX1                            | t(8;21)(q21;q22)  |
| <input type="checkbox"/> CBFβ::MYH11                               | inv(16)(p13;q22) or t(16;16)  |
| <input type="checkbox"/> KMT2A BAP                                 | 11q23 rearrangement   |
| <input type="checkbox"/> DEK::NUP214                               | t(6;9)(p22.3;q34)   |
| <input type="checkbox"/> BCR::ABL1                                 | t(9;22)(q34;q11.2)  |
| <input type="checkbox"/> MECOM BAP                                 | 3q26 rearrangement  |
| <input type="checkbox"/> JAMRB                                     | Acute Myeloid Leukemia, Myelodysplasia Related, FISH, Blood – Full Panel (for specific probes, select from section below) |
| <input type="checkbox"/> 5q31/5q33/5p15                            | Monosomy 5, 5q deletion   |
| <input type="checkbox"/> 7q31 (D7S486)/CEP7                        | Monosomy 7, 7q deletion   |
| <input type="checkbox"/> ATM/11cen                                 | 11q deletion  |
| <input type="checkbox"/> ETV6/RUNX1/XCE12                          | 12p deletion  |
| <input type="checkbox"/> RB1/DLEU/LAMP                             | 13q deletions   |
| <input type="checkbox"/> TP53/NF1                                  | 17p deletion, isochromosome 17q   |
| <input type="checkbox"/> JPMLB                                     | PML/RARA, FISH, Blood<br>***STAT TEST***<br>(Reflexes to RARA BAP if negative)  |

| FISH Testing (Fluorescence In Situ Hybridization) Bone Marrow Aspirate Only |   |
|---|---|
| <input type="checkbox"/> JCLLF  | Chronic Lymphocytic Leukemia, FISH, Bone Marrow – Full Panel (for specific probes, select from section below)             |
| <input type="checkbox"/> CLL1: ATM, TP53                                    | 11q deletion, 17p deletion  |
| <input type="checkbox"/> CLL2: D12Z3, D13S319/LAMP1                         | +12, 13q deletion   |
| <input type="checkbox"/> D6Z1/MYB   | Monosomy 6, 6q deletion   |
| <input type="checkbox"/> CCND1/IGH  | t(11;14)(q13;q32)   |
| <input type="checkbox"/> JAMLM  | Acute Myeloid Leukemia (AML), FISH, Bone Marrow – Full Panel (for specific probes, select from section below)             |
| <input type="checkbox"/> PML::RARA  | t(15;17)(q24.1;q21.2)   |
| <input type="checkbox"/> RUNX1T1::RUNX1                                     | t(8;21)(q21;q22)  |
| <input type="checkbox"/> CBFβ::MYH11  | inv(16)(p13;q22) or t(16;16)  |
| <input type="checkbox"/> KMT2A BAP  | 11q23 rearrangement   |
| <input type="checkbox"/> DEK::NUP214  | t(6;9)(p22.3;q34)   |
| <input type="checkbox"/> BCR::ABL1  | t(9;22)(q34;q11.2)  |
| <input type="checkbox"/> MECOM BAP  | 3q26 rearrangement  |
| <input type="checkbox"/> JAMRM  | Myeloid Leukemia, Myelodysplasia Related, FISH, Bone Marrow – Full Panel (for specific probes, select from section below) |
| <input type="checkbox"/> 5q31/5q33/5p15                                     | Monosomy 5, 5q deletion   |
| <input type="checkbox"/> 7q31 (D7S486)/CEP7                                 | Monosomy 7, 7q deletion   |
| <input type="checkbox"/> ATM/11cen  | 11q deletion  |
| <input type="checkbox"/> ETV6/RUNX1/XCE12                                   | 12p deletion  |
| <input type="checkbox"/> RB1/DLEU/LAMP                                      | 13q deletion  |
| <input type="checkbox"/> TP53/NF1   | 17p deletion, isochromosome 17q   |
| <input type="checkbox"/> JPMLM  | PML/RARA, FISH, Bone Marrow<br>***STAT TEST***<br>(Reflexes to RARA BAP if negative)                                      |

| FISH Testing (Fluorescence In Situ Hybridization) Formalin-Fixed Paraffin-Embedded (FFPE) Tissue Only |   |
|---|---|
| <input type="checkbox"/> JHERF  | HER2 Amplification Associated with Breast Cancer, FISH, Breast Primary, Tissue                      |
| <input type="checkbox"/> JMDF   | MDM2 (12q15) Amplification, Well Differentiated Liposarcoma/Atypical Lipomatous Tumor, FISH, Tissue |
| <input type="checkbox"/> JGLIF  | 1p/19q Glioma Deletions, FISH, Tissue   |
| <input type="checkbox"/> JLYMF  | B-Cell Lymphoma, FISH, Tissue – Full Panel (for specific probes, select from section below)         |
| <input type="checkbox"/> MYC BAP  | 8q24.1 rearrangement  |
| <input type="checkbox"/> MYC/IGH/CEP8   | t(8;14)(q24.1;q32)  |
| <input type="checkbox"/> BCL2 BAP   | 18q21 rearrangement   |
| <input type="checkbox"/> BCL6 BAP   | 3q27 rearrangement  |