

Gastroenterology and Hepatology Patient Insurance Test Request

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)
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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)

<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: Test requests without a signature will not be performed.

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

MCL Internal Use Only



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)

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

INFLAMMATORY BOWEL DISEASE

Diagnosis

CALPR Calprotectin, Feces

IBDP2 Inflammatory Bowel Disease Serology Panel, Serum

Therapeutic Drug Monitoring

ADALP Adalimumab Quantitative with Antibody, Serum

ADALX Adalimumab Quantitative with Reflex to Antibody, Serum

INFXP Infliximab Quantitation with Antibodies to Infliximab, Serum

INFXR Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum

RISA Risankizumab, Serum

RISAP Risankizumab Quantitation with Antibodies, Serum

THIO Thiopurine Metabolites, Whole Blood

TPMT3 Thiopurine Methyltransferase Activity Profile, Erythrocytes

TPNUQ Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping, Varies

USTEK Ustekinumab Quantitation with Antibodies, Serum

VEDOZ Vedolizumab Quantitation with Antibodies, Serum

VEDOL Vedolizumab Quantitation with Reflex to Antibodies, Serum

Monogenetic Inflammatory Bowel Disease (IBD)

EOIBD Early Onset Monogenetic Inflammatory Bowel Disease (IBD) Gene Panel, Varies

CELIAC DISEASE

CELI Celiac Associated HLA-DQ Alpha 1 and DQ Beta 1 DNA Typing, Blood

CDCOM Celiac Disease Comprehensive Cascade, Serum and Whole Blood

CDGF Celiac Disease Gluten-Free Cascade, Serum and Whole Blood

CDSP Celiac Disease Serology Cascade, Serum

INTESTINAL INFECTION

GI Pathogens

GIP Gastrointestinal Pathogen Panel, PCR, Feces

Helicobacter pylori

UBT *Helicobacter pylori* Breath Test

HELIS *Helicobacter pylori* Culture with Antimicrobial Susceptibilities, Varies

HPFRP *Helicobacter pylori* with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Feces

HPCR P *Helicobacter pylori* with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Varies

MALABSORPTION DISORDERS

7AC4 7AC4, Bile Acid Synthesis, Serum

BA48F Bile Acids, Bowel Dysfunction, 48 Hour, Feces

BAMRP Bile Acids Malabsorption Panel, Serum and Feces

DSAC Disaccharidase Activity Panel, Tissue

FATF Fat, Feces

ELASF Pancreatic Elastase, Feces

MALP Malabsorption Evaluation Panel, Feces

A1AF Alpha-1-Antitrypsin, Random, Feces

CALPR Calprotectin, Feces

ELASF Pancreatic Elastase, Feces

URED F Reducing Substance, Feces

MOTILITY DISORDERS

GID2 Gastrointestinal Dysmotility, Autoimmune/Paraneoplastic Evaluation, Serum

LIVER DISORDERS

CHLGP Cholestasis Gene Panel, Varies

FIBRO FibroTest-ActiTest, Serum

NSFIB Nonalcoholic Steatohepatitis (NASH)-FibroTest, Serum and Plasma

GP210 GP210 Antibody, IgG, Serum

SP100 SP100 Antibody, IgG, Serum

PBC2 SP100 and GP210 Antibodies, IgG, Serum

PBCPN Primary Biliary Cholangitis Antibody Panel, Serum

NAIFA Antinuclear Antibodies, HEp-2 Substrate, IgG

SP100 SP100 Antibody, IgG

GP210 GP210 Antibody, IgG

AMA Mitochondrial Antibodies (M2)

AUTOIMMUNE LIVER DISEASE

ALDG2 Autoimmune Liver Disease Panel, Serum

SP100 SP100 Antibody, IgG, Serum

PBC2 SP100 and GP210 Antibodies, IgG, Serum

PBCPN Primary Biliary Cholangitis Antibody Panel, Serum

GP210 GP210 Antibody, IgG, Serum

HEPATOCELLULAR CARCINOMA (HCC)

L3AFP Alpha-Fetoprotein (AFP) L3% and Total, Hepatocellular Carcinoma Tumor Marker, Serum

DCP Des-Gamma-Carboxy Prothrombin, Serum

HCCGS Hepatocellular Carcinoma Risk Panel with GALAD Score, Serum

L3AFP Alpha-Fetoprotein (AFP) L3% and Total, Hepatocellular Carcinoma Tumor Marker

DCP Des-Gamma-Carboxy Prothrombin

GAL1 GALAD Score

ADDITIONAL TESTS (INDICATE TEST ID AND NAME)

For Complete GI Test Catalog Visit: news.mayocliniclabs.com/gastroenterology/
