

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Address		
City	State	Zip Code

Submitting Provider/Provider Name Information (required)

Submitting/Referring Provider <i>(Last, First)</i>
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Fill in only if Call Back is required.

Phone (with area code)	Fax (with area code)
Provider's National I.D. (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: It is the client's responsibility to maintain documentation of the order.

Ship specimens to:

Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.

Patient Information (required)

Patient ID (Medical Record No.)	
Patient Name <i>(Last, First, Middle)</i>	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(mm-dd-yyyy)</i>
Collection Date <i>(mm-dd-yyyy)</i>	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 <i>(Last, First, Middle)</i>	Client Order No.
Birth Date <i>(mm-dd-yyyy)</i>	

CONSULTATION/MORPHOLOGY EVALUATION	
<input type="checkbox"/>	PATHC Pathology Consultation (submit stained slides and block)
<input type="checkbox"/>	HPWET Hematopathology Consultation, MCL Embed (submit core biopsy, clot section and bone marrow aspirate)
<input type="checkbox"/>	HPCUT Hematopathology Consultation, Client Embed (submit bone marrow aspirate and embedded core biopsy and clot section)

ERYTHROCYTES: ENZYMOPATHIES	
<input type="checkbox"/>	AK1 Adenylate Kinase Enzyme Activity, Blood
<input type="checkbox"/>	G6PD1 Glucose 6-Phosphate Dehydrogenase Enzyme Activity, Blood
<input type="checkbox"/>	GPI1 Glucose Phosphate Isomerase Enzyme Activity, Blood
<input type="checkbox"/>	G6PDB Glucose-6-Phosphate Dehydrogenase (G6PD) Full Gene Sequencing, Varies
<input type="checkbox"/>	GSH Glutathione, Blood
<input type="checkbox"/>	HAEV1 Hemolytic Anemia Evaluation, Blood
<input type="checkbox"/>	HK1 Hexokinase Enzyme Activity, Blood
<input type="checkbox"/>	PFK1 Phosphofructokinase Enzyme Activity, Blood
<input type="checkbox"/>	PGK1 Phosphoglycerate Kinase Enzyme Activity, Blood
<input type="checkbox"/>	P5NT Pyrimidine 5' Nucleotidase, Blood
<input type="checkbox"/>	PK1 Pyruvate Kinase Enzyme Activity, Blood
<input type="checkbox"/>	PKLRG Pyruvate Kinase Liver and Red Blood Cell (PKLR), Full Gene Sequencing and Large Deletion Detection, Varies
<input type="checkbox"/>	EEEEV1 Red Blood Cell (RBC) Enzyme Evaluation, Blood
<input type="checkbox"/>	TPI1 Triosephosphate Isomerase Enzyme Activity, Blood

ERYTHROCYTES: GENERAL	
<input type="checkbox"/>	HGB_Q Hemoglobin, Qualitative, Urine
<input type="checkbox"/>	PLHBB Plasma Free Hemoglobin, Plasma
<input type="checkbox"/>	RTIC Reticulocytes, Blood

ERYTHROCYTES: HEMOGLOBIN DISORDERS	
<input type="checkbox"/>	REVE1 Erythrocytosis Evaluation, Whole Blood
<input type="checkbox"/>	HBEL1 Hemoglobin Electrophoresis Evaluation, Blood
<input type="checkbox"/>	HGBCE Hemoglobin Variant, A2 and F Quantitation, Blood
<input type="checkbox"/>	HAEV1 Hemolytic Anemia Evaluation, Blood
<input type="checkbox"/>	MEV1 Methemoglobinemia Evaluation, Blood
<input type="checkbox"/>	SDEX Sickle Solubility, Blood
<input type="checkbox"/>	THEV1 Thalassemia and Hemoglobinopathy Evaluation, Blood and Serum

ERYTHROCYTES: HEREDITARY ERYTHROCYTOSIS	
<input type="checkbox"/>	BPGMM 2,3-Bisphosphoglycerate Mutase, Full Gene Sequencing Analysis, Varies
<input type="checkbox"/>	REVE1 Erythrocytosis Evaluation, Whole Blood
<input type="checkbox"/>	EPO Erythropoietin, Serum
<input type="checkbox"/>	HEMP Hereditary Erythrocytosis Mutations, Whole Blood

ERYTHROCYTES: IMMUNOLOGY	
<input type="checkbox"/>	ABYSR Antibody Screen with Reflexed Antibody Identification, RBC
<input type="checkbox"/>	CATR Cold Agglutinin Titer, Serum
<input type="checkbox"/>	BTR Isoagglutinin Titer, Anti-B, Serum
<input type="checkbox"/>	PLINK Paroxysmal Nocturnal Hemoglobinuria, PI-Linked Antigen, Blood

ERYTHROCYTES: MEMBRANE DISORDERS	
<input type="checkbox"/>	HAEV1 Hemolytic Anemia Evaluation, Blood
<input type="checkbox"/>	KCNN4 KCNN4 Full Gene Sequencing, Varies
<input type="checkbox"/>	FRAG Osmotic Fragility, Erythrocytes
<input type="checkbox"/>	RBCME Red Blood Cell Membrane Evaluation, Blood

ERYTHROCYTES: METHEMOGLOBIN	
<input type="checkbox"/>	METR1 Cytochrome b5 Reductase Enzyme Activity, Blood
<input type="checkbox"/>	MET Methemoglobin and Sulfhemoglobin, Blood
<input type="checkbox"/>	MEV1 Methemoglobinemia Evaluation, Blood

LEUKOCYTES	
<input type="checkbox"/>	MURA Lysozyme (Muramidase), Plasma

LYMPHOCYTES	
<input type="checkbox"/>	ALPS Alpha Beta Double-Negative T Cells for Autoimmune Lymphoproliferative Syndrome, Blood
<input type="checkbox"/>	CRGSP Cryoglobulin and Cryofibrinogen Panel, Serum and Plasma
<input type="checkbox"/>	ATR Isoagglutinin Titer, Anti-A, Serum
<input type="checkbox"/>	LCMS Leukemia/Lymphoma Immunophenotyping, Flow Cytometry, Varies
<input type="checkbox"/>	NKSP Natural Killer (NK)/Natural Killer T (NKT) Cell Subset Panel, Blood
<input type="checkbox"/>	VISCOS Viscosity, Serum

METABOLISM: MEGALOBLASTIC ANEMIA	
<input type="checkbox"/>	FOL Folate, Serum
<input type="checkbox"/>	GAST Gastrin, Serum
<input type="checkbox"/>	MHCZ Methylmalonic Aciduria and Homocystinuria, cbIC Type, Full Gene Analysis, Varies
<input type="checkbox"/>	MHDZ Methylmalonic Aciduria and Homocystinuria, cbID Type, Full Gene Analysis, Varies
<input type="checkbox"/>	MMAP Methylmalonic Acid, Quantitative, Plasma
<input type="checkbox"/>	MMAS Methylmalonic Acid, Quantitative, Serum
<input type="checkbox"/>	MMAU Methylmalonic Acid, Quantitative, Urine
<input type="checkbox"/>	ACASM Pernicious Anemia Cascade, Serum
<input type="checkbox"/>	B12 Vitamin B12 Assay, Serum
<input type="checkbox"/>	FB12 Vitamin B12 and Folate, Serum

METABOLISM: METALS	
<input type="checkbox"/>	CERS Ceruloplasmin, Serum
<input type="checkbox"/>	FERR Ferritin, Serum
<input type="checkbox"/>	FECHZ Ferrochelatase (FECH) Gene, Full Gene Analysis, Varies
<input type="checkbox"/>	HFE Hemochromatosis HFE Gene Analysis, Blood
<input type="checkbox"/>	FEC Iron and Total Iron-Binding Capacity, Serum
<input type="checkbox"/>	TRSF Transferrin, Serum
<input type="checkbox"/>	NEZPP Zinc Protoporphyrin, Blood

MOLECULAR BENIGN HEMATOLOGY STUDIES	
<input type="checkbox"/>	NGHHA Hereditary Hemolytic Anemia Comprehensive Panel, Next-Generation Sequencing, Varies
<input type="checkbox"/>	NGCDA Congenital Dyserythropoietic Anemia Panel, Next-Generation Sequencing, Varies
<input type="checkbox"/>	NGMEM Red Blood Cell Membrane Panel, Next-Generation Sequencing, Varies
<input type="checkbox"/>	NGENZ Red Blood Cell Enzyme Panel, Next-Generation Sequencing, Varies
<input type="checkbox"/>	KCNN4 KCNN4 Full Gene Sequencing

ADDITIONAL TESTS (INDICATE TEST ID AND NAME)	
<input type="checkbox"/>	