

**Client Information** (required)

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

**Submitting Provider Information** (required)

Submitting/Referring Provider Name <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.*

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

**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		

**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**

MCL Internal Use Only
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**Ship specimens to:**

Mayo Clinic Laboratories  
3050 Superior Drive NW  
Rochester, MN 55901

**Customer Service: 855-516-8404**

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

**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> )	

INFLAMMATORY BOWEL DISEASE (IBD)	
<b>Diagnosis</b>	
<input type="checkbox"/> CALPR	Calprotectin, Feces
<input type="checkbox"/> IBDP2	Inflammatory Bowel Disease Serology Panel, Serum
<b>Therapeutic Drug Monitoring</b>	
<input type="checkbox"/> ADALX	Adalimumab Quantitative with Reflex to Antibody, Serum
<input type="checkbox"/> FCZAC	Certolizumab and Anti-Certolizumab Antibody, DoseASSURE CTZ
<input type="checkbox"/> INFXR	Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum
<input type="checkbox"/> TPMT3	Thiopurine Methyltransferase Activity Profile, Erythrocytes
<input type="checkbox"/> TPNUQ	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping, <i>Varies</i>
<input type="checkbox"/> THIO	Thiopurine Metabolites, Whole Blood
<input type="checkbox"/> USTEK	Ustekinumab Quantitation with Antibodies, Serum
<input type="checkbox"/> VEDOL	Vedolizumab Quantitation with Reflex to Antibodies, Serum
<input type="checkbox"/> VEDOZ	Vedolizumab Quantitation with Antibodies, Serum
<b>Monogenic IBD</b>	
<input type="checkbox"/> IBDGP	Inflammatory Bowel Disease Primary Immunodeficiency (PID) Panel, <i>Varies</i>

CELIAC DISEASE	
<b>Cascades</b>	
<input type="checkbox"/> CDSP	Celiac Disease Serology Cascade, Serum
<input type="checkbox"/> CDCOM	Celiac Disease Comprehensive Cascade, Serum and Whole Blood
<input type="checkbox"/> CDGF	Celiac Disease Gluten-Free Cascade, Serum and Whole Blood
<b>Individual Tests</b>	
<input type="checkbox"/> FAEAB	Anti-Enterocyte Antibodies
<input type="checkbox"/> CELI	Celiac Associated HLA-DQ Alpha 1 and DQ Beta 1 DNA Typing, Blood
<input type="checkbox"/> EMA	Endomysial Antibodies, IgA, Serum
<input type="checkbox"/> EMAIG	Endomysial Antibodies, IgG, Serum
<input type="checkbox"/> DGLDN	Gliadin (Deamidated) Antibodies Evaluation, IgG and IgA, Serum
<input type="checkbox"/> DAGL	Gliadin (Deamidated) Antibody, IgA, Serum
<input type="checkbox"/> DGGL	Gliadin (Deamidated) Antibody, IgG, Serum

<input type="checkbox"/> IGA	Immunoglobulin A (IgA), Serum
<input type="checkbox"/> IGG	Immunoglobulin G (IgG), Serum
<input type="checkbox"/> IGM	Immunoglobulin M (IgM), Serum
<input type="checkbox"/> IMMGG	Immunoglobulins (IgG, IgA, and IgM), Serum
<input type="checkbox"/> TSTGP	Tissue Transglutaminase Antibodies, IgA and IgG Profile, Serum
<input type="checkbox"/> TTGA	Tissue Transglutaminase Antibody, IgA, Serum
<input type="checkbox"/> TTGG	Tissue Transglutaminase Antibody, IgG, Serum

DIARRHEA	
<b>Clostridium difficile</b>	
<input type="checkbox"/> CDFRP	<i>Clostridioides difficile</i> Toxin, Molecular Detection, PCR, Feces
<input type="checkbox"/> CDIF	<i>Clostridioides difficile</i> Culture, <i>Varies</i>
<b>GI Pathogens</b>	
<input type="checkbox"/> GIP	Gastrointestinal Pathogen Panel, PCR, Feces
<input type="checkbox"/> CYCL	<i>Cyclospora</i> Stain
<input type="checkbox"/> CRYPS	<i>Cryptosporidium</i> Antigen, Feces
<input type="checkbox"/> GIAR	<i>Giardia</i> Antigen, Feces
<input type="checkbox"/> OAP	Parasitic Examination
<input type="checkbox"/> OAPNS	Ova and Parasite, Microscopy, <i>Varies</i>
<input type="checkbox"/> PARID	Parasite Identification, <i>Varies</i>
<input type="checkbox"/> PINW	Pinworm Exam, Perianal
<input type="checkbox"/> ROTA	Rotavirus Antigen, Feces
<input type="checkbox"/> STFRP	Shiga Toxin, Molecular Detection, PCR, Feces
<input type="checkbox"/> STL	Enteric Pathogens Culture, Feces
<input type="checkbox"/> WHIPB	<i>Tropheryma whipplei</i> , Molecular Detection, PCR, Blood
<input type="checkbox"/> LCMSD	<i>Microsporidia</i> species, Molecular Detection, PCR, <i>Varies</i>
<input type="checkbox"/> TWRP	<i>Tropheryma whipplei</i> , Molecular Detection, PCR, <i>Varies</i>
<input type="checkbox"/> UREDF	Reducing Substance, Feces

BILE ACID MALABSORPTION	
<input type="checkbox"/> 7AC4	7AC4, Bile Acid Synthesis, Serum
<input type="checkbox"/> BA48F	Bile Acids, Bowel Dysfunction, 48 Hour, Feces
<input type="checkbox"/> BAFS	Bile Acids, Fractionated and Total, Serum
<input type="checkbox"/> BAPS	Bile Acid Profile, Serum
<input type="checkbox"/> BILEA	Bile Acids, Total, Serum
<input type="checkbox"/> FATF	Fat, Feces
<input type="checkbox"/> FBAC	Bile Acids, Urine

HELICOBACTER PYLORI	
<input type="checkbox"/> UBT	<i>Helicobacter pylori</i> Breath Test
<input type="checkbox"/> HELIS	<i>Helicobacter pylori</i> Culture with Antimicrobial Susceptibilities, <i>Varies</i>
<input type="checkbox"/> HPFRP	<i>Helicobacter pylori</i> with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Feces
<input type="checkbox"/> HPCR	<i>Helicobacter pylori</i> with Clarithromycin Resistance Prediction, Molecular Detection, PCR, <i>Varies</i>

MOTILITY DISORDERS	
<input type="checkbox"/> GID2	Autoimmune Gastrointestinal Dysmotility Evaluation, Serum

HEPATITIS	
<b>Acute/Chronic</b>	
<input type="checkbox"/> AHEP	Acute Hepatitis Profile, Serum
<input type="checkbox"/> CHSBP	Chronic Hepatitis Profile (Type B), Serum
<input type="checkbox"/> CRHEP	Chronic Hepatitis (Unknown Type), Serum
<input type="checkbox"/> PHEP	Previous Hepatitis (Unknown Type), Serum
<b>Hepatitis A</b>	
<input type="checkbox"/> HAIGG	Hepatitis A IgG Antibody, Serum
<input type="checkbox"/> HAIGM	Hepatitis A IgM Antibody, Serum
<input type="checkbox"/> FHASQ	Hepatitis A Qualitative PCR HAV SuperQual
<b>Hepatitis B</b>	
<input type="checkbox"/> HBIM	Hepatitis B Core Antibody, IgM, Serum
<input type="checkbox"/> HBC	Hepatitis B Core Total Antibodies, Serum
<input type="checkbox"/> CORAB	Hepatitis B Core Total Antibodies, with Reflex to Hepatitis B Core Antibody IgM, Serum
<input type="checkbox"/> HEAB	Hepatitis B e Antibody, Serum
<input type="checkbox"/> HEAG	Hepatitis B e Antigen and Hepatitis B e Antibody, Serum
<input type="checkbox"/> EAG	Hepatitis B e Antigen, Serum
<input type="checkbox"/> HBABT	Hepatitis B Surface Antibody Monitor, Post-Transplant, Serum
<input type="checkbox"/> HBABE	Hepatitis B Surface Antibody, Employee, Serum
<input type="checkbox"/> HBABY	Hepatitis B Perinatal Exposure Follow-up Panel, Serum
<input type="checkbox"/> HBAB	Hepatitis B Surface Antibody, Qualitative/Quantitative, Serum
<input type="checkbox"/> HBAG	Hepatitis B Surface Antigen, Serum
<input type="checkbox"/> HBAGP	Hepatitis B Surface Antigen Prenatal, Serum
<input type="checkbox"/> HBVQN	Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum
<input type="checkbox"/> HBGCD	Hepatitis B Surface Antigen for Cadaveric or Hemolyzed Specimens, Serum

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Birth Date <i>(mm-dd-yyyy)</i>	

<b>Hepatitis C</b>	
<input type="checkbox"/> HCVL	Hepatitis C Virus Antibody Confirmation, Serum
<input type="checkbox"/> HCCDD	Hepatitis C Virus Antibody in Cadaveric or Hemolyzed Specimens, Symptomatic, Serum
<input type="checkbox"/> HCCAD	Hepatitis C Virus Antibody Screen for Cadaveric or Hemolyzed Specimens, Asymptomatic, Serum
<input type="checkbox"/> HCVG	Hepatitis C Virus Genotype, Serum
<input type="checkbox"/> HCVSP	Hepatitis C Virus (HCV) Antibody Screen Prenatal, Serum
<input type="checkbox"/> HCSRN	Hepatitis C Virus (HCV) Antibody Screen with Reflex to HCV RNA, PCR, Asymptomatic, Serum
<input type="checkbox"/> HCVDX	Hepatitis C Virus (HCV) Antibody with Reflex to HCV RNA, PCR, Symptomatic, Serum
<input type="checkbox"/> HCVQN	Hepatitis C Virus (HCV) RNA Detection and Quantification, Real-Time Reverse Transcription-PCR, Prenatal, Serum
<input type="checkbox"/> HCVQG	Hepatitis C Virus (HCV) RNA Quantification with Reflex to HCV Genotype, Serum
<b>Hepatitis D</b>	
<input type="checkbox"/> AHDV	Hepatitis D Virus Total Antibodies, Serum
<b>Hepatitis E</b>	
<input type="checkbox"/> HEVG	Hepatitis E Virus IgG Antibody, Serum
<input type="checkbox"/> HEVM	Hepatitis E Virus IgM Antibody Screen with Reflex to Confirmation, Serum
<input type="checkbox"/> HEVML	Hepatitis E Virus IgM Antibody Confirmation, Serum

<b>NONALCOHOLIC FATTY ACID DISEASE</b>	
<input type="checkbox"/> FIBRO	FibroTest-ActiTest, Serum
<input type="checkbox"/> NSFIB	Nonalcoholic Steatohepatitis (NASH)-FibroTest, Serum and Plasma

<b>WILSON DISEASE</b>	
<input type="checkbox"/> CERS	Ceruloplasmin, Serum
<input type="checkbox"/> CUCRU	Copper/Creatinine Ratio, Random, Urine
<input type="checkbox"/> CUS	Copper, Serum
<input type="checkbox"/> CUT	Copper, Liver Tissue
<input type="checkbox"/> CUU	Copper, 24 Hour, Urine
<input type="checkbox"/> WDZ	Wilson Disease, Full Gene Analysis, Varies

<b>HEPATOCELLULAR CARCINOMA (HCC)</b>	
<input type="checkbox"/> HCCGS	Hepatocellular Carcinoma Risk Panel with GALAD Score, Serum; Includes: <ul style="list-style-type: none"> <li>• AFP-L3% and total alpha fetoprotein</li> <li>• Des-gamma-carboxy prothrombin</li> <li>• GALAD Score calculation</li> </ul>
<input type="checkbox"/> L3AFP	Alpha-Fetoprotein (AFP) L3% and Total, Hepatocellular Carcinoma Tumor Marker, Serum
<input type="checkbox"/> DCP	Des-Gamma-Carboxy Prothrombin (DCP), Serum

<b>AUTOIMMUNE LIVER DISEASE</b>	
<input type="checkbox"/> ALDG	Autoimmune Liver Disease Panel, Serum Includes: <ul style="list-style-type: none"> <li>• Mitochondrial antibodies (M2)</li> <li>• Smooth muscle antibodies screen</li> <li>• Antinuclear antibodies (ANA)</li> </ul>
<input type="checkbox"/> AMA	Mitochondrial Antibodies (M2), Serum
<input type="checkbox"/> SMAS	Smooth Muscle Antibody Screen, Serum <b>Note:</b> Reflex to Smooth Muscle Antibody Titer, Serum, if positive
<input type="checkbox"/> ANA2	Antinuclear Antibodies (ANA), Serum
<input type="checkbox"/> LKM	Liver/Kidney Microsome Type 1 Antibodies, Serum
<input type="checkbox"/> A2M	Alpha-2-Macroglobulin, Serum
<input type="checkbox"/> FSLAA	Soluble Liver Antigen (SLA) Autoantibody

<b>ALPHA-1-ANTITRYPSIN (A1A) DEFICIENCY</b>	
<input type="checkbox"/> A1ALC	Alpha-1-Antitrypsin Proteotype S/Z by LC-MS/MS, Serum
<input type="checkbox"/> A1APP	Alpha-1-Antitrypsin Phenotype, Serum
<input type="checkbox"/> AAT	Alpha-1-Antitrypsin, Serum
<input type="checkbox"/> A1AFS	Alpha-1-Antitrypsin Clearance, Feces and Serum
<input type="checkbox"/> SERPZ	<i>SERPINA1</i> Gene, Full Gene Analysis, Varies

<b>LYSOSOMAL ACID LIPASE DEFICIENCY</b>	
<input type="checkbox"/> LALB	Lysosomal Acid Lipase, Blood
<input type="checkbox"/> LALBS	Lysosomal Acid Lipase, Blood Spot

<b>PANCREATITIS</b>	
<input type="checkbox"/> AMBF	Amylase, Body Fluid
<input type="checkbox"/> FAMYS	Amylase, Isoenzymes
<input type="checkbox"/> PAMY	Amylase, Pancreatic, Serum
<input type="checkbox"/> FELAS	Elastase, Pancreatic, Serum
<input type="checkbox"/> HPPAN	Hereditary Pancreatitis Panel, Varies
<input type="checkbox"/> ELASF	Pancreatic Elastase, Feces

<b>PANCREATIC CANCER</b>	
<input type="checkbox"/> AMLPC	Amylase, Pancreatic Cyst Fluid

<b>COLON CANCER</b>	
<input type="checkbox"/> APCZ	<i>APC</i> Gene, Full Gene Analysis, Varies
<input type="checkbox"/> FOBT	Fecal Occult Blood, Colorectal Cancer Screen, Qualitative, Immunochemical, Feces
<input type="checkbox"/> LYNCH	Lynch Syndrome Panel, Varies
<input type="checkbox"/> TMSI	Microsatellite Instability, Tumor
<input type="checkbox"/> ML1HM	MLH1 Hypermethylation Analysis, Tumor
<input type="checkbox"/> MYHZ	<i>MUTYH</i> Gene, Full Gene Analysis, Varies
<input type="checkbox"/> PTENZ	<i>PTEN</i> Gene, Full Gene Analysis, Varies
<input type="checkbox"/> RASFP	<i>RAS/RAF</i> Targeted Gene Panel by Next-Generation Sequencing, Tumor

<b>PATHOLOGY</b>	
<input type="checkbox"/> PATHC	Pathology Consultation

<b>ALLERGY</b>	
Our full menu of allergy testing can be viewed at <a href="http://gi.testcatalog.org">gi.testcatalog.org</a>	

<b>GENETICS</b>	
Our full menu of genetics testing can be viewed at <a href="http://genetics.testcatalog.org">genetics.testcatalog.org</a>	