

Client Information (required)

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

Submitting Provider/Provider Name Information (required)

Submitting/Referring Provider <i>(Last, First)</i>

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	
Patient Street Address		
City	State	ZIP Code
Phone		

Insurance Information

Subscriber 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 Name (if applicable)		
Insurance Company 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)	

PLASMA, SERUM, WHOLE BLOOD

Plasma

- ACTH Adrenocorticotrophic Hormone, Plasma
- QBK BK Virus, Molecular Detection, Quantitative, PCR, Plasma
- CMVQN Cytomegalovirus (CMV) DNA Detection and Quantification by Real-Time PCR, Plasma
- EBVQU Epstein-Barr Virus DNA Detection and Quantification, Plasma
- HIVQN HIV-1 RNA Detection and Quantification, Plasma
- IL6 Interleukin 6, Plasma
- PMET Metanephrines, Fractionated, Free, Plasma
- PTHRP Parathyroid Hormone-Related Peptide, Plasma
- PLP Pyridoxal 5-Phosphate (PLP), Plasma
- PRA Renin Activity, Plasma

Serum

- DHVD 1,25-Dihydroxyvitamin D, Serum
- SFUNG 1,3-Beta-D-Glucan (Fungitell), Serum
- OHPG 17-Hydroxyprogesterone, Serum
- 25HDN 25-Hydroxyvitamin D2 and D3, Serum
- ALS Aldolase, Serum
- ALDS Aldosterone, Serum
- A1APP Alpha-1-Antitrypsin Phenotype, Serum
- AFP Alpha-Fetoprotein (AFP) Tumor Marker, Serum
- MAFP1 Alpha-Fetoprotein (AFP), Single Marker Screen, Maternal, Serum
- ACE Angiotensin Converting Enzyme, Serum
- ENAE Antibody to Extractable Nuclear Antigen Evaluation, Serum
- VASC Antineutrophil Cytoplasmic Antibodies Vasculitis Panel, Serum
- ANA2 Antinuclear Antibodies (ANA), Serum
- NAIFA Antinuclear Antibodies, HEp-2 Substrate, IgG, Serum
- ASPAG Aspergillus (Galactomannan) Antigen, Serum
- B2M Beta-2-Microglobulin, Serum
- C2729 Breast Carcinoma-Associated Antigen, Serum
- CA19 Carbohydrate Antigen 19-9 (CA 19-9), Serum
- CDSP Celiac Disease Serology Cascade, Serum
- CERS Ceruloplasmin, Serum
- CGAK Chromogranin A, Serum
- CTDC Connective Tissue Diseases Cascade, Serum
- CUS Copper, Serum
- CPR C-Peptide, Serum
- CCP Cyclic Citrullinated Peptide Antibodies, IgG, Serum
- ANCA Cyttoplasmic Neutrophil Antibodies, Serum
- DHES1 Dehydroepiandrosterone Sulfate, Serum
- ADNA DNA Double-Stranded Antibodies, IgG, Serum

- PEL Electrophoresis, Protein, Serum
- SEBV Epstein-Barr Virus (EBV) Antibody Profile, Serum
- EPO Erythropoietin, Serum
- FIBRO FibroTest-ActiTest, Serum
- GD65S Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
- HAIGG Hepatitis A IgG Antibody, Serum
- HBC Hepatitis B Core Total Antibodies, Serum
- HBAB Hepatitis B Surface Antibody, Qualitative/Quantitative, Serum
- HBVQN Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum
- HCVQN Hepatitis C Virus (HCV) RNA Detection and Quantification by Real-Time Reverse Transcription-PCR (RT-PCR), Serum
- HSVG Herpes Simplex Virus (HSV) Type 1- and Type 2-Specific Antibodies, IgG, Serum
- FLCP Immunoglobulin Free Light Chains, Serum
- IGFMS Insulin-Like Growth Factor-1, LC-MS, Serum
- LAMO Lamotrigine, Serum
- LEVE Levetiracetam, Serum
- LYWB Lyme Disease Antibody, Immunoblot, Serum
- LYME Lyme Disease Serology, Serum
- MMAS Methylmalonic Acid, Quantitative, Serum
- AMA Mitochondrial Antibodies (M2), Serum
- MPSS Monoclonal Protein Study, Serum
- PAVAL Paraneoplastic, Autoantibody Evaluation, Serum
- CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum
- PSAFT Prostate-Specific Antigen (PSA), Total and Free, Serum
- VCOV2 Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) IgG Antibody, Serum
- SMAS Smooth Muscle Antibody Screen, Serum
- RT3 T3 (Triiodothyronine), Reverse, Serum
- TGRP Testosterone, Total and Free, Serum
- TTST Testosterone, Total by Mass Spectrometry, Serum
- TGAB Thyroglobulin Antibody, Serum
- HTG2 Thyroglobulin, Tumor Marker, Serum
- TSI Thyroid-Stimulating Immunoglobulin, Serum
- TPO Thyroperoxidase Antibodies, Serum
- THYRO Thyrotropin Receptor Antibody, Serum
- TICKS Tick-Borne Disease Antibodies Panel, Serum
- TTGA Tissue Transglutaminase Antibody, IgA, Serum
- TRYPT Tryptase, Serum
- VZPG Varicella-Zoster Antibody, IgG, Serum
- VITA Vitamin A, Serum
- VITE Vitamin E, Serum
- ZNS Zinc, Serum

Whole Blood

- EHRL Ehrlichia/Anaplasma, Molecular Detection, PCR, Blood
- HBELC Hemoglobin Electrophoresis Cascade, Blood
- LY27B HLA-B27, Blood
- PBDC Lead, Capillary, with Demographics, Blood
- PBDV Lead, Venous, with Demographics, Blood
- LDALD Lysosomal and Peroxisomal Disorders Newborn Screen, Blood Spot
- QFT4 QuantIFERON-TB Gold Plus, Blood
- TAKRO Tacrolimus, Blood
- TDP Thiamine (Vitamin B1), Whole Blood
- TKPNL Tick-Borne Panel, Molecular Detection, PCR, Blood

FECES

- CALPR Calprotectin, Feces
- OAP Ova and Parasite, Concentrate and Permanent Smear, Microscopy, Feces

URINE

- THCU Carboxy-Tetrahydrocannabinol (THC) Confirmation, Random, Urine

MISCELLANEOUS

- CGRNA Chlamydia trachomatis and Neisseria gonorrhoeae by Nucleic Acid Amplification (HOLOGIC), Varies
- HERPV Herpes Simplex Virus 1 and 2, Qualitative PCR, Varies
- HPV Human Papillomavirus (HPV) DNA Detection with Genotyping, High-Risk Types by PCR, ThinPrep, Varies
- KIDST Kidney Stone Analysis
- PATHC Pathology Consultation
- SCOV2 Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), Molecular Detection, Varies
- COVID Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) RNA Detection, Varies
- COV00 Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) RNA Detection, Varies
- SCOVH Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) RNA, Varies
- SARS2 Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) RNA, Varies

ADDITIONAL TESTS

(INDICATE TEST NUMBER AND NAME)