Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

General Test Request

Client Information (required)

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

Submitting Healthcare Professional Information (required)

Submitting/Referring Healthcare Professional 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.*

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 ☐ Male ☐ Female	Birth Date (mm-dd-yyyy)	
Collection Date (mm-dd-yyyy)	Time	☐ am ☐ pm
Street Address		
City	State	ZIP Code
Phone		

Reason for Testing (required)

ICD-10 Diagnosis Code

MCL Internal Use Only

Ship specimens to:
Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55905

Customer Service: 800-533-1710

Visit 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)

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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	Adrenocorticotropic Hormone, Plasma
☐ VITC	Ascorbic Acid (Vitamin C), Plasma
☐ PBKQN	BK Virus DNA Detection and Quantification, Plasma
☐ CMVQN	Cytomegalovirus (CMV) DNA Detection and Quantification by Real-Time PCR, Plasma
☐ EBVQN	Epstein-Barr Virus DNA Detection and Quantification, Plasma
☐ PMET	Metanephrines, Fractionated, Free, Plasma
☐ NFLP	Neurofilament Light Chain, Plasma
☐ PTHRP	Parathyroid Hormone-Related Peptide, Plasma
☐ PT217	Phospho-Tau 217, Plasma
☐ PLP	Pyridoxal 5-Phosphate, 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
☐ ALKP	Alkaline Phosphatase, Total and Isoenzymes, Serum
☐ A1APP	Alpha-1-Antitrypsin Phenotype, Serum
☐ AAT	Alpha-1-Antitrypsin, Serum
☐ MAFP1	Alpha-Fetoprotein (AFP), Single Marker Screen, Maternal, Serum
☐ ACE	Angiotensin Converting Enzyme, Serum
☐ AMH1	Antimullerian Hormone, Serum
☐ VASC	Antineutrophil Cytoplasmic Antibodies Vasculitis Panel, Serum
☐ NAIFA	Antinuclear Antibodies, HEp-2 Substrate, IgG, Serum
☐ APOLB	Apolipoprotein B, Serum
☐ ASPAG	*Aspergillus* (Galactomannan) Antigen, Serum
☐ CTX	Beta-CrossLaps, Serum
☐ BILEA	Bile Acids, Total, Serum
☐ C2729	Breast Carcinoma-Associated Antigen, Serum
☐ CDSP	Celiac Disease Serology Cascade, Serum
☐ CERS	Ceruloplasmin, Serum
☐ CGAK	Chromogranin A, Serum
☐ CUS1	Copper, Serum
☐ CPR	C-Peptide, Serum
☐ CCP	Cyclic Citrullinated Peptide Antibodies, IgG, Serum
☐ CSTCE	Cystatin C with Estimated Glomerular Filtration Rate (eGFR), Serum
☐ ANCA	Cytoplasmic Neutrophil Antibodies, Serum
☐ DHES1	Dehydroepiandrosterone Sulfate, Serum
☐ ADNA1	Double-Stranded DNA (dsDNA) Antibodies, IgG, Serum
☐ ENS2	Encephalopathy, Autoimmune/ Paraneoplastic Evaluation, Serum
☐ EPO	Erythropoietin, Serum
☐ ESTF	Estrogens, Estrone (E1) and Estradiol (E2), Fractionated, Serum
☐ FIBRO	FibroTest-ActiTest, Serum
☐ FRUCT	Fructosamine, Serum
☐ HBVQN	Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum
☐ IGGS	IgG Subclasses, Serum
☐ IGE	Immunoglobulin E (IgE), Serum
☐ FLCS	Immunoglobulin Free Light Chains, Serum
☐ INFXR	Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum
☐ LAMO	Lamotrigine, Serum
☐ LEVE	Levetiracetam, Serum
☐ LIPA1	Lipoprotein(a), Serum
☐ LKM	Liver/Kidney Microsome Type 1 Antibodies, Serum
☐ LYWB	Lyme Disease Antibody, Immunoblot, Serum
☐ MMAS	Methylmalonic Acid, Quantitative, Serum
☐ AMA	Mitochondrial Antibodies (M2), Serum
☐ QMPSS	Monoclonal Protein Study, Quantitative, Serum
☐ MUSK	Muscle-Specific Kinase (MuSK) Autoantibody, Serum
☐ MOGFS	Myelin Oligodendrocyte Glycoprotein (MOG-IgG1) Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
☐ NMOFS	Neuromyelitis Optica (NMO)/Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
☐ PSAFT	Prostate-Specific Antigen (PSA), Total and Free, Serum
☐ SES	Selenium, Serum
☐ SHBG1	Sex Hormone-Binding Globulin, Serum
☐ SMAS	Smooth Muscle Antibody Screen, Serum
☐ PN23M	*Streptococcus pneumoniae* IgG Antibodies, 23 Serotypes, Serum
☐ STRNG	*Strongyloides* Antibody, IgG, Serum
☐ SYPH1	Syphilis IgG with Reflex, Enzyme Immunoassay, Serum
☐ TGAB	Thyroglobulin Antibody, Serum
☐ HTG2	Thyroglobulin, Tumor Marker, Serum
☐ TSI	Thyroid-Stimulating Immunoglobulin, Serum
☐ THYRO	Thyrotropin Receptor Antibody, Serum
☐ TTGA	Tissue Transglutaminase Antibody, IgA, Serum
☐ TRYPT	Tryptase, Serum
☐ VZPG	Varicella-Zoster Antibody, IgG, Serum
☐ VITA	Vitamin A, Serum
☐ VITE	Vitamin E, Serum
☐ VITK1	Vitamin K1, Serum
☐ ZN_S	Zinc, Serum

Whole Blood

☐ HBEL1	Hemoglobin Electrophoresis Evaluation, Blood
☐ LY27B	HLA-B27, Blood
☐ PBDC	Lead, Capillary, with Demographics, Blood
☐ PBDV	Lead, Venous, with Demographics, Blood
☐ PETH	Phosphatidylethanol Confirmation, Blood
☐ QFT4	QuantiFERON-TB Gold Plus, Blood
☐ TAKRO	Tacrolimus, Blood
☐ TDP	Thiamine (Vitamin B1), Whole Blood
☐ TIKLB	Tick-Borne Panel, Molecular Detection, PCR, Blood

FECES

☐ CALPR	Calprotectin, Feces
☐ OPE	Ova and Parasite, Travel History or Immunocompromised, Feces
☐ ELASF	Pancreatic Elastase, Feces

URINE

☐ THCU	Delta-8 and Delta-9-Carboxy-Tetrahydrocannabinol (THC) Confirmation, Random, Urine
☐ UHBAG	*Histoplasma* and *Blastomyces* Antigen, Enzyme Immunoassay, Urine

Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
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Birth Date (mm-dd-yyyy)	

MISCELLANEOUS

☐ SAFB	Acid-Fast Smear for *Mycobacterium*, Varies
☐ SALCT	Cortisol, Saliva
☐ ENC2	Encephalopathy, Autoimmune/ Paraneoplastic Evaluation, Spinal Fluid
☐ UBT	*Helicobacter* pylori Breath Test
☐ KIDST	Kidney Stone Analysis
☐ LDALD	Lysosomal and Peroxisomal Disorders Newborn Screen, Blood Spot
☐ CTB	Mycobacteria and *Nocardia* Culture, Varies
☐ URRP	*Ureaplasma* species, Molecular Detection, PCR, Varies

ADDITIONAL TESTS (INDICATE TEST ID AND NAME)

Print