

# 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)
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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.*

**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
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**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		

## 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](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 (Last, First Middle)	Client Order No.
Birth Date (mm-dd-yyyy)	

PLASMA, SERUM, WHOLE BLOOD	
<b>Plasma</b>	
<input type="checkbox"/> ACTH	Adrenocorticotrophic Hormone, Plasma
<input type="checkbox"/> VITC	Ascorbic Acid (Vitamin C), Plasma
<input type="checkbox"/> PBKQN	BK Virus DNA Detection and Quantification, Plasma
<input type="checkbox"/> CMVQN	Cytomegalovirus (CMV) DNA Detection and Quantification by Real-Time PCR, Plasma
<input type="checkbox"/> EBVQN	Epstein-Barr Virus DNA Detection and Quantification, Plasma
<input type="checkbox"/> PMET	Metanephrines, Fractionated, Free, Plasma
<input type="checkbox"/> PTHRP	Parathyroid Hormone-Related Peptide, Plasma
<input type="checkbox"/> PT217	Phospho-Tau 217, Plasma
<input type="checkbox"/> PLP	Pyridoxal 5-Phosphate, Plasma
<input type="checkbox"/> PRA	Renin Activity, Plasma
<b>Serum</b>	
<input type="checkbox"/> DHVD	1,25-Dihydroxyvitamin D, Serum
<input type="checkbox"/> SFUNG	1,3-Beta-D-Glucan (Fungitell), Serum
<input type="checkbox"/> OHPG	17-Hydroxyprogesterone, Serum
<input type="checkbox"/> 25HDN	25-Hydroxyvitamin D2 and D3, Serum
<input type="checkbox"/> ALS	Aldolase, Serum
<input type="checkbox"/> ALDS	Aldosterone, Serum
<input type="checkbox"/> A1APP	Alpha-1-Antitrypsin Phenotype, Serum
<input type="checkbox"/> AAT	Alpha-1-Antitrypsin, Serum
<input type="checkbox"/> MAFP1	Alpha-Fetoprotein (AFP), Single Marker Screen, Maternal, Serum
<input type="checkbox"/> ACE	Angiotensin Converting Enzyme, Serum
<input type="checkbox"/> AMH1	Antimüllerian Hormone, Serum
<input type="checkbox"/> VASC	Antineutrophil Cytoplasmic Antibodies Vasculitis Panel, Serum
<input type="checkbox"/> ANA2	Antinuclear Antibodies (ANA), Serum
<input type="checkbox"/> NAIFA	Antinuclear Antibodies, HEp-2 Substrate, IgG, Serum
<input type="checkbox"/> APOLB	Apolipoprotein B, Serum
<input type="checkbox"/> ASPAG	<i>Aspergillus</i> (Galactomannan) Antigen, Serum
<input type="checkbox"/> CTX	Beta-CrossLaps, Serum
<input type="checkbox"/> C2729	Breast Carcinoma-Associated Antigen, Serum
<input type="checkbox"/> CDSP	Celiac Disease Serology Cascade, Serum
<input type="checkbox"/> CERS	Ceruloplasmin, Serum
<input type="checkbox"/> CGAK	Chromogranin A, Serum
<input type="checkbox"/> CUS1	Copper, Serum
<input type="checkbox"/> CCP	Cyclic Citrullinated Peptide Antibodies, IgG, Serum
<input type="checkbox"/> CSTCE	Cystatin C with Estimated Glomerular Filtration Rate (eGFR), Serum
<input type="checkbox"/> ANCA	Cytoplasmic Neutrophil Antibodies, Serum
<input type="checkbox"/> DHES1	Dehydroepiandrosterone Sulfate, Serum
<input type="checkbox"/> ADNA1	Double-Stranded DNA (dsDNA) Antibodies, IgG, Serum
<input type="checkbox"/> ENS2	Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum
<input type="checkbox"/> EPO	Erythropoietin, Serum
<input type="checkbox"/> EEST	Estradiol, Serum
<input type="checkbox"/> ESTF	Estrogens, Estrone (E1) and Estradiol (E2), Fractionated, Serum
<input type="checkbox"/> FRUCT	Fructosamine, Serum
<input type="checkbox"/> GD65S	Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
<input type="checkbox"/> HCVQN	Hepatitis C Virus (HCV) RNA Detection and Quantification by Real-Time Reverse Transcription-PCR, Serum
<input type="checkbox"/> IGGs	IgG Subclasses, Serum
<input type="checkbox"/> IGE	Immunoglobulin E (IgE), Serum
<input type="checkbox"/> FLCS	Immunoglobulin Free Light Chains, Serum
<input type="checkbox"/> INFXR	Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum
<input type="checkbox"/> LAMO	Lamotrigine, Serum
<input type="checkbox"/> LEVE	Levetiracetam, Serum
<input type="checkbox"/> LIPA1	Lipoprotein(a), Serum
<input type="checkbox"/> LKM	Liver/Kidney Microsome Type 1 Antibodies, Serum
<input type="checkbox"/> LYWB	Lyme Disease Antibody, Immunoblot, Serum
<input type="checkbox"/> MMAS	Methylmalonic Acid, Quantitative, Serum
<input type="checkbox"/> AMA	Mitochondrial Antibodies (M2), Serum
<input type="checkbox"/> QMPSS	Monoclonal Protein Study, Quantitative, Serum
<input type="checkbox"/> MUSK	Muscle-Specific Kinase (MuSK) Autoantibody, Serum
<input type="checkbox"/> MOGFS	Myelin Oligodendrocyte Glycoprotein (MOG-IgG1) Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
<input type="checkbox"/> NMOFS	Neuromyelitis Optica (NMO)/Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
<input type="checkbox"/> PAVAL	Paraneoplastic, Autoantibody Evaluation, Serum
<input type="checkbox"/> PSAFT	Prostate-Specific Antigen (PSA), Total and Free, Serum
<input type="checkbox"/> SES	Selenium, Serum
<input type="checkbox"/> SHBG1	Sex Hormone-Binding Globulin, Serum
<input type="checkbox"/> SMAS	Smooth Muscle Antibody Screen, Serum
<input type="checkbox"/> PN23M	<i>Streptococcus pneumoniae</i> IgG Antibodies, 23 Serotypes, Serum
<input type="checkbox"/> SYPH1	Syphilis IgG with Reflex, Enzyme Immunoassay, Serum
<input type="checkbox"/> RT3	T3 (Triiodothyronine), Reverse, Serum
<input type="checkbox"/> TGAB	Thyroglobulin Antibody, Serum
<input type="checkbox"/> HTG2	Thyroglobulin, Tumor Marker, Serum
<input type="checkbox"/> TSI	Thyroid-Stimulating Immunoglobulin, Serum
<input type="checkbox"/> THYRO	Thyrotropin Receptor Antibody, Serum
<input type="checkbox"/> TTGA	Tissue Transglutaminase Antibody, IgA, Serum
<input type="checkbox"/> TRYPT	Tryptase, Serum
<input type="checkbox"/> VZPG	Varicella-Zoster Antibody, IgG, Serum
<input type="checkbox"/> VZM	Varicella-Zoster Virus (VZV) Antibody, IgM, Serum
<input type="checkbox"/> VITA	Vitamin A, Serum
<input type="checkbox"/> VITE	Vitamin E, Serum
<input type="checkbox"/> VITK1	Vitamin K1, Serum
<input type="checkbox"/> ZN_S	Zinc, Serum
<b>Whole Blood</b>	
<input type="checkbox"/> EPCRb	<i>Ehrlichia/Anaplasma</i> , Molecular Detection, PCR, Blood
<input type="checkbox"/> LY27B	HLA-B27, Blood
<input type="checkbox"/> PBDC	Lead, Capillary, with Demographics, Blood
<input type="checkbox"/> PBDV	Lead, Venous, with Demographics, Blood
<input type="checkbox"/> PETH	Phosphatidylethanol Confirmation, Blood
<input type="checkbox"/> QFT4	QuantIFERON-TB Gold Plus, Blood
<input type="checkbox"/> TAKRO	Tacrolimus, Blood
<input type="checkbox"/> TDP	Thiamine (Vitamin B1), Whole Blood
<input type="checkbox"/> TIKLB	Tick-Borne Panel, Molecular Detection, PCR, Blood
<b>FECES</b>	
<input type="checkbox"/> CALPR	Calprotectin, Feces
<input type="checkbox"/> OPE	Ova and Parasite, Travel History or Immunocompromised, Feces
<input type="checkbox"/> ELASF	Pancreatic Elastase, Feces
<b>URINE</b>	
<input type="checkbox"/> THCU	Delta-8 and Delta-9-Carboxy-Tetrahydrocannabinol (THC) Confirmation, Random, Urine

### Patient Information (required)

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Birth Date (mm-dd-yyyy)	

## MISCELLANEOUS

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

**ADDITIONAL TESTS  
(INDICATE TEST ID AND NAME)**

[illegible]