

### Client Information *(required)*

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street 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.*

### 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 ▶
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**Note:** Test requests without a signature will not be performed.

#### Ship specimens to:

Mayo Clinic Laboratories  
3050 Superior Drive NW  
Rochester, MN 55901

**Customer Service: 800-533-1710**

Visit [www.MayoClinicLabs.com](http://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 Name (if different than patient)		
Relationship to Patient <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		

<b>MCL Internal Use Only</b>
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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>	

PLASMA, SERUM, WHOLE BLOOD	
<b>Plasma</b>	
<input type="checkbox"/> ACTH	Adrenocorticotrophic Hormone, 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"/> HVCOP	HIV-1 and HIV-2 Antigen and Antibody Routine Screen, Plasma
<input type="checkbox"/> HIVQN	HIV-1 RNA Detection and Quantification, Plasma
<input type="checkbox"/> PMET	Metanephrines, Fractionated, Free, Plasma
<input type="checkbox"/> PTHRP	Parathyroid Hormone-Related Peptide, Plasma
<input type="checkbox"/> PLP	Pyridoxal 5-Phosphate (PLP), 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"/> ENAE	Antibody to Extractable Nuclear Antigen Evaluation, Serum
<input type="checkbox"/> AMH1	Antimullerian 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"/> ASPAG	<i>Aspergillus</i> (Galactomannan) Antigen, Serum
<input type="checkbox"/> B2GMG	Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
<input type="checkbox"/> B2M	Beta-2-Microglobulin, Serum
<input type="checkbox"/> C2729	Breast Carcinoma-Associated Antigen, Serum
<input type="checkbox"/> CA19	Carbohydrate Antigen 19-9 (CA 19-9), 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"/> CTDC	Connective Tissue Diseases Cascade, Serum
<input type="checkbox"/> CUS1	Copper, Serum
<input type="checkbox"/> CPR	C-Peptide, 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"/> ADNAR	DNA Double-Stranded (dsDNA) Antibodies with Reflex, IgG, Serum
<input type="checkbox"/> SPEP	Electrophoresis, Protein, Serum
<input type="checkbox"/> SEBV	Epstein-Barr Virus (EBV) Antibody Profile, Serum
<input type="checkbox"/> EPO	Erythropoietin, Serum
<input type="checkbox"/> GD65S	Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
<input type="checkbox"/> HAIGG	Hepatitis A IgG Antibody, Serum
<input type="checkbox"/> HBC	Hepatitis B Core Total Antibodies, Serum
<input type="checkbox"/> HBVQN	Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum
<input type="checkbox"/> HCVQN	Hepatitis C Virus (HCV) RNA Detection and Quantification by Real-Time Reverse Transcription-PCR (RT-PCR), Serum
<input type="checkbox"/> HSVG	Herpes Simplex Virus (HSV) Type 1- and Type 2-Specific Antibodies, IgG, Serum
<input type="checkbox"/> IGE	Immunoglobulin E (IgE), Serum
<input type="checkbox"/> FLCS	Immunoglobulin Free Light Chains, Serum
<input type="checkbox"/> IGFMS	Insulin-Like Growth Factor-1, Mass Spectrometry, Serum
<input type="checkbox"/> LAMO	Lamotrigine, Serum
<input type="checkbox"/> LEVE	Levetiracetam, Serum
<input type="checkbox"/> LIPA1	Lipoprotein(a), Serum
<input type="checkbox"/> LYWB	Lyme Disease Antibody, Immunoblot, Serum
<input type="checkbox"/> LYME	Lyme Disease Serology, Serum
<input type="checkbox"/> MMAS	Methylmalonic Acid, Quantitative, Serum
<input type="checkbox"/> AMA	Mitochondrial Antibodies (M2), Serum
<input type="checkbox"/> MUSK	Muscle-Specific Kinase (MuSK) Autoantibody, Serum
<input type="checkbox"/> PAVAL	Paraneoplastic, Autoantibody Evaluation, Serum
<input type="checkbox"/> CLPMG	Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum

<input type="checkbox"/> PSAFT	Prostate-Specific Antigen (PSA), Total and Free, Serum
<input type="checkbox"/> PEISO	Protein Electrophoresis and Isotype, Serum
<input type="checkbox"/> RBPG	Rubella Antibodies, IgG, Serum
<input type="checkbox"/> COVSQ	Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), Spike Antibody, Semi-Quantitative, Serum
<input type="checkbox"/> SMAS	Smooth Muscle Antibody Screen, Serum
<input type="checkbox"/> PN23	Streptococcus pneumoniae IgG Antibodies, 23 Serotypes, Serum
<input type="checkbox"/> RT3	T3 (Triiodothyronine), Reverse, Serum
<input type="checkbox"/> TGRP	Testosterone, Total and Free, Serum
<input type="checkbox"/> TTST	Testosterone, Total, Mass Spectrometry, 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"/> TRYPT	Tryptase, Serum
<input type="checkbox"/> VZPG	Varicella-Zoster Antibody, IgG, Serum
<input type="checkbox"/> VITA	Vitamin A, Serum
<input type="checkbox"/> VITE	Vitamin E, Serum
<input type="checkbox"/> ZN_S	Zinc, S
<b>Whole Blood</b>	
<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"/> LDALD	Lysosomal and Peroxisomal Disorders Newborn Screen, Blood Spot
<input type="checkbox"/> QFT4	QuantIFERON-TB Gold Plus, Blood
<input type="checkbox"/> TAKRO	Tacrolimus, Blood
<input type="checkbox"/> TDP	Thiamine (Vitamin B1), Whole Blood

FECES	
<input type="checkbox"/> CALPR	Calprotectin, Feces
<input type="checkbox"/> OAP	Ova and Parasite, Concentrate and Permanent Smear, Microscopy, Feces
<input type="checkbox"/> ELASF	Pancreatic Elastase, Feces

URINE	
<input type="checkbox"/> THCU	Carboxy-Tetrahydrocannabinol (THC) Confirmation, Random, Urine
<input type="checkbox"/> CSMPU	Controlled Substance Monitoring Panel, Random, Urine

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### MISCELLANEOUS

- SAFB Acid-Fast Smear for Mycobacterium, Varies
- CGRNA *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, Nucleic Acid Amplification, Varies
- KIDST Kidney Stone Analysis
- CTB Mycobacteria and *Nocardia* Culture, Varies
- PATHC Pathology Consultation
- 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

### ADDITIONAL TESTS

(INDICATE TEST CODE AND NAME)

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