

Pharmacogenomics Test Request Form

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
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 () _____ - _____ Fax * () _____ - _____
Provider's National I.D. (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

<p>"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."</p> <p>Signature _____</p>
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Note: It is the client's responsibility to maintain documentation of the order.

Patient Information (required)

Patient ID <i>(Medical Record No.)</i>		
Patient Name <i>(Last, First, Middle)</i>		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(Month DD, YYYY)</i>	
Collection Date <i>(Month DD, YYYY)</i>	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Patient's Street Address		
Phone		
City	State	Zip Code

MML Internal Use Only

Ship specimens to:

Mayo Medical Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

Visit www.MayoMedicalLaboratories.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 (Month DD, YYYY)	

For a current list of drug-gene associations, please visit: www.mayomedicallaboratories.com/it-mmfiles/Pharmacogenomic_Associations_Tables.pdf

GENERAL PANELS	
<input type="checkbox"/>	PGXFP Focused Pharmacogenomics Panel
TARGETED PANELS	
<input type="checkbox"/>	CARPB Carbamazepine Hypersensitivity Pharmacogenomics, Blood
<input type="checkbox"/>	CARPO Carbamazepine Hypersensitivity Pharmacogenomics, Saliva
<input type="checkbox"/>	TPNUV Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping
<input type="checkbox"/>	WARSV Warfarin Response Genotype

SINGLE GENE TESTS	
<input type="checkbox"/>	COMTV Catechol-O-Methyltransferase (COMT) Genotype
<input type="checkbox"/>	1A2V Cytochrome P450 1A2 Genotype
<input type="checkbox"/>	2C19V Cytochrome P450 2C19 Genotype
<input type="checkbox"/>	2C9GV Cytochrome P450 2C9 Genotype
<input type="checkbox"/>	2D6CV Cytochrome P450 2D6 (CYP2D6) Comprehensive Cascade
<input type="checkbox"/>	3A4V Cytochrome P450 3A4 Genotype
<input type="checkbox"/>	3A5V CYP3A5 Genotype
<input type="checkbox"/>	DPYDG Dihydropyrimidine Dehydrogenase (DPYD) Full Gene Sequencing
<input type="checkbox"/>	DPYDV Dihydropyrimidine Dehydrogenase (DPYD) Genotype
<input type="checkbox"/>	DRD3 Dopamine Receptor D3 Genotype
<input type="checkbox"/>	DRD30 Dopamine Receptor D3 Genotype, Saliva
<input type="checkbox"/>	DRD4 Dopamine Receptor D4 Genotype (DRD4), Blood
<input type="checkbox"/>	DRD40 Dopamine Receptor D4 Genotype (DRD4), Saliva
<input type="checkbox"/>	G6PDB Glucose-6-Phosphate Dehydrogenase (G6PD) Full Gene Sequencing
<input type="checkbox"/>	HLA57 HLA-B 5701 Genotype, Abacavir Hypersensitivity, Blood
<input type="checkbox"/>	HL570 HLA-B 5701 Genotype, Abacavir Hypersensitivity, Saliva

<input type="checkbox"/>	HLA58 HLA-B*5801 Genotype, Allopurinol Hypersensitivity, Blood
<input type="checkbox"/>	HL580 HLA-B*5801 Genotype, Allopurinol Hypersensitivity, Saliva
<input type="checkbox"/>	IL28V Interleukin 28B (IL28B) Variant (rs12979860)
<input type="checkbox"/>	NAT2 N-Acetyltransferase 2 Gene (NAT2), Full Gene Sequence
<input type="checkbox"/>	NAT20 N-Acetyltransferase 2 Gene (NAT2), Full Gene Sequence, Saliva
<input type="checkbox"/>	OPRM1 Opioid Receptor, Mu 1 (OPRM1) Genotype for Naltrexone Efficacy
<input type="checkbox"/>	OPRM0 Opioid Receptor, Mu 1 (OPRM1) Genotype for Naltrexone Efficacy, Saliva
<input type="checkbox"/>	HTR2V Serotonin Receptor Genotype (HTR2A and HTR2C)
<input type="checkbox"/>	HTT Serotonin Transporter Genotype, Blood
<input type="checkbox"/>	HTT0 Serotonin Transporter Genotype, Saliva
<input type="checkbox"/>	SLC1V Solute Carrier Organic Anion Transporter Family Member 1B1 (SLC01B1) Genotype, Statin
<input type="checkbox"/>	UGT1 UDP-Glucuronosyl Transferase 1A1 (UGT1A1), Full Gene Sequencing, Irinotecan Hypersensitivity
<input type="checkbox"/>	UGT10 UDP-Glucuronosyl Transferase 1A1 (UGT1A1), Full Gene Sequencing, Irinotecan Hypersensitivity, Saliva
<input type="checkbox"/>	U1A1V UDP-Glucuronosyl Transferase 1A1 TA Repeat Genotype, UGT1A1