

### 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 <small>(Last, First)</small>
---

#### 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:** 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 <small>(Last, First, Middle)</small>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <small>(mm-dd-yyyy)</small>	
Collection Date <small>(mm-dd-yyyy)</small>	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>
------------------------------

#### 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> )	

### BIOMARKER PANELS

**CVRMA Cardiovascular Risk Marker Panel, Serum**

NHDCH Non High-Density Lipoprotein (HDL) Cholesterol, Serum

CLDL Calculated Low-Density Lipoprotein (LDL), Serum

HDCH Cholesterol, High-Density Lipoprotein (HDL), Serum

CHOL Cholesterol, Total, Serum

TRIG Triglycerides, Serum

CVINT Interpretation

LIPA1 Lipoprotein(a), Serum

HSCRCP C-Reactive Protein, High Sensitivity, Serum

APOLB Apolipoprotein B, Serum

**LMPP Lipoprotein Metabolism Profile, Serum**

TCS Cholesterol, Total, CDC, Serum

TRIGC Triglycerides, CDC, Serum

APLBS Apolipoprotein B, Serum

HDLS HDL Cholesterol, CDC, Serum

LMPP1 Lipoprotein Metabolism Profile 1, Serum

### LIPIDS AND LIPOPROTEINS

APOAB Apolipoprotein A1 and B, Serum

APLA1 Apolipoprotein A1, Plasma

APOLB Apolipoprotein B, Serum

CERAM MI-HEART Ceramides, Plasma

HDCH Cholesterol, High-Density Lipoprotein (HDL), Serum

CHOL Cholesterol, Total, Serum

CHLE Cholesteryl Esters, Serum

NEFA Free Fatty Acids, Total, Serum

TGGB Glycerol-Corrected Triglycerides, Serum

LDLD Low-Density Lipoprotein (LDL) Cholesterol, Beta-Quantification, Serum

LPALD Lipoprotein (a) and Low-Density Lipoprotein Cholesterol, Serum

LIPA1 Lipoprotein(a), Serum

NMRLP Nuclear Magnetic Resonance Lipoprotein Profile, Serum

TRIG Triglycerides, Serum

### INFLAMMATION

ADMA Asymmetric Dimethylarginine, Plasma

HSCRCP C-Reactive Protein, High Sensitivity, Serum

CSTCE Cystatin C with Estimated Glomerular Filtration Rate (eGFR), Serum

F2ISO F2-Isoprostanes, Urine

HCYSS Homocysteine, Total, Serum

### HEART FAILURE

ALDS Aldosterone, Serum

ACE Angiotensin Converting Enzyme, Serum

BNP B-Type Natriuretic Peptide, Plasma

GAL3 Galectin-3, Serum

PBNP NT-Pro B-Type Natriuretic Peptide, Serum

PRA Renin Activity, Plasma

NAS Sodium, Serum

ST2S ST2, Serum

HSTNI Troponin I, High Sensitivity, Plasma

TRPS Troponin T, 5th Generation, Plasma

### GENETICS

#### Next-Generation Sequencing Panels

ARVGP Arrhythmogenic Cardiomyopathy Multi-Gene Panel, Blood

BRGGP Brugada Syndrome Multi-Gene Panel, Blood

CCMGP Comprehensive Cardiomyopathy Multi-Gene Panel, Blood

DCMGP Dilated Cardiomyopathy Multi-Gene Panel, Next-Generation Sequencing, Blood

EDSGP Ehlers-Danlos Syndrome Panel (12 Genes), Next-Generation Sequencing and Deletion/Duplication Analysis, Varies

FHRGP Familial Hypercholesterolemia and Related Disorders Multi-Gene Panel, Next-Generation Sequencing, Varies

HHTGP Hereditary Hemorrhagic Telangiectasia Gene Panel, Varies

HCMGP Hypertrophic Cardiomyopathy Multi-Gene Panel, Blood

LQTGP Long QT Syndrome Multi-Gene Panel, Blood

MFRGP Marfan Syndrome and Related Disorders Multi-Gene Panel, Varies

NSRGP Noonan Syndrome and Related Disorders Multi-Gene Panel, Blood

#### Postmortem NGS Panels

PMARP Postmortem Arrhythmia Panel, Varies

PMCMP Postmortem Cardiomyopathy Panel, Varies

PMMFR Postmortem Marfan and Related Panel, Varies

PMNSR Postmortem Noonan and Related Panel, Varies

#### Single Gene Analysis

FBN1B *FBN1* Full Gene Sequence, Varies

#### Cytogenetics

DD22F 22q11.2 Deletion/Duplication, FISH, Varies

#### Known Variant Analysis

FMTT Familial Mutation, Targeted Testing, Varies

### PHARMACOGENOMICS

2C19R Cytochrome P450 *2C19* Genotype, Varies

2D6Q Cytochrome P450 *2D6* Comprehensive Cascade, Varies

3A4Q Cytochrome P450 *3A4* Genotype, Varies

PGXQP Focused Pharmacogenomics Panel, Varies

SLC1Q Solute Carrier Organic Anion Transporter Family Member 1B1 (*SLCO1B1*) Genotype, Statin, Varies

WARSQ Warfarin Response Genotype, Varies

### PHARMACOLOGY

FRDIG Digoxin, Free, Serum

DIG Digoxin, Serum

IMIPR Imipramine and Desipramine, Serum

### PROTEOMICS

AMPIP Amyloid Protein Identification, Paraffin, Mass Spectrometry

### ANATOMIC PATHOLOGY

ANPAT Anatomic Pathology Consultation, Wet Tissue\*

MDM2F *MDM2* (12q15) Amplification, Well-Differentiated Liposarcoma/Atypical Lipomatous Tumor, FISH, Tissue

DDITF Myxoid/Round Cell Liposarcoma, 12q13 (*DDIT3* or *CHOP*) Rearrangement, FISH, Tissue

SS18F Synovial Sarcoma (SS), 18q11.2 (*SS18* or *SYT*) Rearrangement, FISH, Tissue

### ADDITIONAL TESTS

#### (INDICATE TEST CODE AND NAME)

\*This test will reflex to other types of pathology consults (eg, outside slide) and stains as needed.