

### 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>
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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:** It is the client's responsibility to maintain documentation of the order.

#### 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, or scan the code to learn more.

### 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		

### Reportable Disease Information

Complete information as indicated by your state requirements.

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Patient Street Address		
City	State	ZIP Code
County	Race/Ethnicity	
Phone	Specimen Type <input type="checkbox"/> Venous <input type="checkbox"/> Capillary	
Parent/Guardian Name <small>(Last, First)</small>		

\*For a list of additional testing for infectious diseases, see Microbiology Test Request (MC0767).

#### 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)**

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Birth Date (mm-dd-yyyy)	

INFECTIOUS DISEASES					
<input type="checkbox"/> ANAP	<i>Anaplasma phagocytophilum</i> (Human Granulocytic Ehrlichiosis) Antibody, Serum	<input type="checkbox"/> CLFAT	<i>Cryptococcus</i> Antigen Titer, Lateral Flow Assay, Spinal Fluid	<input type="checkbox"/> SLYME	Lyme Antibody Modified 2-Tier with Reflex, Serum
<input type="checkbox"/> ARBOP	Arbovirus Antibody Panel, IgG and IgM, Serum	<input type="checkbox"/> LFACX	<i>Cryptococcus</i> Antigen with Reflex, Spinal Fluid	<input type="checkbox"/> LNBAB	Lyme Central Nervous System Infection IgG with Antibody Index Reflex, Serum and Spinal Fluid
<input type="checkbox"/> ABOPC	Arbovirus Antibody Panel, IgG and IgM, Spinal Fluid	<input type="checkbox"/> CMVG	Cytomegalovirus (CMV) Antibodies, IgG, Serum	<input type="checkbox"/> LYWB	Lyme Disease Antibody, Immunoblot, Serum
<input type="checkbox"/> ASPAG	<i>Aspergillus</i> (Galactomannan) Antigen, Serum	<input type="checkbox"/> CMVP	Cytomegalovirus (CMV) Antibodies, IgM and IgG, Serum	<input type="checkbox"/> ELYME	Lyme Disease European Antibody Screen, Serum
<input type="checkbox"/> ASPBA	<i>Aspergillus</i> Antigen, Bronchoalveolar Lavage	<input type="checkbox"/> CMVM	Cytomegalovirus (CMV) Antibodies, IgM, Serum	<input type="checkbox"/> LYME	Lyme Disease Serology, Serum
<input type="checkbox"/> BABG	<i>Babesia microti</i> IgG Antibodies, Serum	<input type="checkbox"/> DENG M	Dengue Virus Antibody, IgG and IgM, Serum	<input type="checkbox"/> TLYME	Lyme IgM and IgG, Whole Cell Sonicate, ELISA, Serum
<input type="checkbox"/> BART	<i>Bartonella</i> Antibody Panel, IgG and IgM, Serum	<input type="checkbox"/> DENVP	Dengue Virus Antibody/Antigen Panel, Serum	<input type="checkbox"/> ROPG	Measles (Rubeola) Antibodies, IgG, Serum
<input type="checkbox"/> SBL	<i>Blastomyces</i> Antibody Immunodiffusion, Serum	<input type="checkbox"/> DNSAG	Dengue Virus NS1 Antigen, Serum	<input type="checkbox"/> ROM	Measles (Rubeola) Antibodies, IgM, Serum
<input type="checkbox"/> CBL	<i>Blastomyces</i> Antibody Immunodiffusion, Spinal Fluid	<input type="checkbox"/> DIPGS	Diphtheria Toxoid IgG Antibody, Serum	<input type="checkbox"/> ROGM	Measles (Rubeola) Virus Antibody, IgM and IgG, Serum
<input type="checkbox"/> BLAST	<i>Blastomyces</i> Antibody, Enzyme Immunoassay, Serum	<input type="checkbox"/> DTABS	Diphtheria/Tetanus Antibody Panel, Serum	<input type="checkbox"/> MMRV	Measles, Mumps, Rubella, and Varicella (MMRV) Immune Status Profile, Serum
<input type="checkbox"/> UBLAS	<i>Blastomyces</i> Antigen, Quantitative, Enzyme Immunoassay, Random, Urine	<input type="checkbox"/> EEPC	Eastern Equine Encephalitis Antibody Panel, IgG and IgM, Spinal Fluid	<input type="checkbox"/> CMUMP	Mumps Virus Antibodies, IgG and IgM, Spinal Fluid
<input type="checkbox"/> BORDG	<i>Bordetella pertussis</i> Antibody, IgG, Serum	<input type="checkbox"/> EEEP	Eastern Equine Encephalitis Antibody, IgG and IgM, Serum	<input type="checkbox"/> MPPG	Mumps Virus Antibody, IgG, Serum
<input type="checkbox"/> BRCMG	<i>Brucella</i> Antibody Screen, IgM and IgG, ELISA, Serum	<input type="checkbox"/> ECHNO	<i>Echinococcus</i> Antibody, IgG, Serum	<input type="checkbox"/> MMPGM	Mumps Virus Antibody, IgM and IgG, Serum
<input type="checkbox"/> BRUTA	<i>Brucella</i> Total Antibody Confirmation, Agglutination, Serum	<input type="checkbox"/> EHRCP	<i>Ehrlichia</i> Antibody Panel, Serum	<input type="checkbox"/> MMPM	Mumps Virus Antibody, IgM, Serum
<input type="checkbox"/> CAVPC	California Virus (La Crosse) Encephalitis Antibody Panel, IgG and IgM, Spinal Fluid	<input type="checkbox"/> EHRC	<i>Ehrlichia chaffeensis</i> (HME) Antibody, IgG, Serum	<input type="checkbox"/> MYCO	<i>Mycoplasma pneumoniae</i> Antibodies, IgG and IgM, Serum
<input type="checkbox"/> CAVP	California Virus (La Crosse) IgG and IgM, Serum	<input type="checkbox"/> EHBAP	<i>Ehrlichia/Babesia</i> Antibody Panel, Immunofluorescence, Serum	<input type="checkbox"/> PARVS	Parvovirus B19 Antibodies, IgG and IgM, Serum
<input type="checkbox"/> CHIKV	Chikungunya IgM and IgG, Antibody, Serum	<input type="checkbox"/> SAM	<i>Entamoeba histolytica</i> Antibody, Serum	<input type="checkbox"/> POWV	Powassan Virus, IgM, Enzyme-Linked Immunosorbent Assay, Serum
<input type="checkbox"/> SCLAM	Chlamydia Serology, Serum	<input type="checkbox"/> SEBV	Epstein-Barr Virus (EBV) Antibody Profile, Serum	<input type="checkbox"/> QFP	Q Fever Antibody, IgG and IgM, Serum
<input type="checkbox"/> COXIS	<i>Coccidioides</i> Antibody Screen with Reflex, Serum	<input type="checkbox"/> EBVE	Epstein-Barr Virus (EBV), IgG Antibody to Early Antigen, Serum	<input type="checkbox"/> QFT4	QuantiFERON-TB Gold Plus, Blood
<input type="checkbox"/> SCOC	<i>Coccidioides</i> Antibody, Complement Fixation and Immunodiffusion, Serum	<input type="checkbox"/> TULAB	<i>Francisella tularensis</i> Antibody, IgM and IgG, ELISA, Serum	<input type="checkbox"/> RPRT1	Rapid Plasma Reagin (RPR) Screen with Reflex to Titer, Serum
<input type="checkbox"/> CCOC	<i>Coccidioides</i> Antibody, Complement Fixation and Immunodiffusion, Spinal Fluid	<input type="checkbox"/> HIBSG	<i>Haemophilus influenzae</i> Type B Antibody, IgG, Serum	<input type="checkbox"/> RBPG	Rubella Antibodies, IgG, Serum
<input type="checkbox"/> SLFA	<i>Cryptococcus</i> Antigen Screen with Titer, Serum	<input type="checkbox"/> UBT	<i>Helicobacter pylori</i> Breath Test	<input type="checkbox"/> ROC	Rubeola (Measles) Antibodies, IgG and IgM, Spinal Fluid
<input type="checkbox"/> CLFA	<i>Cryptococcus</i> Antigen Screen with Titer, Spinal Fluid	<input type="checkbox"/> HSVG	Herpes Simplex Virus (HSV) Type 1- and Type 2-Specific Antibodies, IgG, Serum	<input type="checkbox"/> BILHA	<i>Schistosoma</i> species Antibody, IgG, Serum
<input type="checkbox"/> PLFA	<i>Cryptococcus</i> Antigen Screen, Lateral Flow Assay, Pleural Fluid	<input type="checkbox"/> SHSTO	<i>Histoplasma</i> Antibody, Serum	<input type="checkbox"/> SSP	<i>Sporothrix</i> Antibody, Serum
<input type="checkbox"/> ULFA	<i>Cryptococcus</i> Antigen Screen, Lateral Flow Assay, Random, Urine	<input type="checkbox"/> CHIST	<i>Histoplasma</i> Antibody, Spinal Fluid	<input type="checkbox"/> SSPC	<i>Sporothrix</i> Antibody, Spinal Fluid
<input type="checkbox"/> PLFAT	<i>Cryptococcus</i> Antigen Titer, Lateral Flow Assay, Pleural Fluid	<input type="checkbox"/> HSTQU	<i>Histoplasma</i> Antigen, Quantitative Enzyme Immunoassay, Random, Urine	<input type="checkbox"/> SFGP	Spotted Fever Group Antibody, IgG and IgM, Serum
<input type="checkbox"/> SLFAT	<i>Cryptococcus</i> Antigen Titer, Lateral Flow Assay, Serum	<input type="checkbox"/> MONOS	Infectious Mononucleosis, Rapid Test, Serum	<input type="checkbox"/> STLPC	St. Louis Encephalitis Antibody Panel, IgG and IgM, Spinal Fluid
		<input type="checkbox"/> LAGU	<i>Legionella</i> Antigen, Random, Urine	<input type="checkbox"/> STLP	St. Louis Encephalitis Antibody, IgG and IgM, Serum
		<input type="checkbox"/> SLEG	<i>Legionella pneumophila</i> (Legionnaires Disease), Antibody, Serum	<input type="checkbox"/> SPNEU	<i>Streptococcus pneumoniae</i> Antigen, Random, Urine
		<input type="checkbox"/> LEIS	Leishmaniasis (Visceral) Antibody, Serum	<input type="checkbox"/> SPNC	<i>Streptococcus pneumoniae</i> Antigen, Spinal Fluid
		<input type="checkbox"/> LEPDT	<i>Leptospira</i> , IgM, Serum	<input type="checkbox"/> STRNG	<i>Strongyloides</i> Antibody, IgG, Serum

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Birth Date <i>(mm-dd-yyyy)</i>	

- TPPA Syphilis Antibody, *Treponema pallidum* Particle Agglutination, Serum
- NSYPH Syphilis IgG Enzyme Immunoassay, Serum
- SYPH1 Syphilis IgG with Reflex, Enzyme Immunoassay, Serum
- TTIGS Tetanus Toxoid IgG Antibody, Serum
- STICK Tick-Borne Antibodies, Modified 2-Tier, ELISA, Serum
- TICKS Tick-Borne Disease Antibodies Panel, Serum
- TRCHG ToRCH Profile IgG, Serum
- TOXGP *Toxoplasma gondii* Antibody, IgG, Serum
- TXMGP *Toxoplasma gondii* Antibody, IgM and IgG, Serum
- TXM *Toxoplasma gondii* Antibody, IgM, Serum
- STRIC *Trichinella* Antibody, Serum
- CHAGS *Trypanosoma cruzi* Total Antibody, Enzyme-Linked Immunosorbent Assay, Serum
- VZPG Varicella-Zoster Antibody, IgG, Serum
- VZGM Varicella-Zoster Antibody, IgM and IgG, Serum
- VZM Varicella-Zoster Virus (VZV) Antibody, IgM, Serum
- WNS West Nile Virus Antibody, IgG and IgM, Serum
- WNC West Nile Virus Antibody, IgG and IgM, Spinal Fluid
- WEEPC Western Equine Encephalitis Antibody Panel, IgG and IgM, Spinal Fluid
- WEEP Western Equine Encephalitis Antibody, IgG and IgM, Serum
- MZIKV Zika Virus IgM Antibody Capture ELISA, Serum

### HEPATITIS

#### Acute/Chronic

- AHEP Acute Hepatitis Profile, Serum
- CRHEP Chronic Hepatitis (Unknown Type), Serum
- CHBVS Chronic Hepatitis B Screen, Serum
- CHSBP Chronic Hepatitis Profile (Type B), Serum
- PHEP Previous Hepatitis (Unknown Type), Serum

#### Prenatal

- HBCPR Hepatitis B Core Total Antibodies Prenatal, Serum
- HBABP Hepatitis B Surface Antibody Prenatal, Qualitative/Quantitative, Serum
- HBAGP Hepatitis B Surface Antigen Prenatal, Serum
- PHSP Prenatal Hepatitis Evaluation, Serum

### Hepatitis A

- HAIGG Hepatitis A IgG Antibody, Serum
- HAIGM Hepatitis A IgM Antibody, Serum

### Hepatitis B

- HBIM Hepatitis B Core Antibody, IgM, Serum
- HBCSN Hepatitis B Core Total Antibodies Screen, Serum
- HBC Hepatitis B Core Total Antibodies, Serum
- CORAB Hepatitis B Core Total Antibodies, with Reflex to Hepatitis B Core Antibody IgM, Serum
- HEAB Hepatitis B e Antibody, Serum
- HEAG Hepatitis B e Antigen and Hepatitis B e Antibody, Serum
- EAG Hepatitis B e Antigen, Serum
- HBBAB Hepatitis B Perinatal Exposure Follow-up Panel, Serum
- HBABT Hepatitis B Surface Antibody Monitor, Post-Transplant, Serum
- HBBSN Hepatitis B Surface Antibody Screen, Qualitative/Quantitative, Serum
- HBAB Hepatitis B Surface Antibody, Qualitative/Quantitative, Serum
- HBCRQ Hepatitis B Virus Core-Related Antigen, Quantitative, Serum
- HBAGQ Hepatitis B Virus Surface Antigen, Quantitative, Serum

### Hepatitis C

- HCVL Hepatitis C Virus Antibody Confirmation, Serum
- HCSRN Hepatitis C Virus (HCV) Antibody Screen with Reflex to HCV RNA, PCR, Asymptomatic, Serum
- HCVDX Hepatitis C Virus (HCV) Antibody with Reflex to HCV RNA, PCR, Symptomatic, Serum
- HCCDD Hepatitis C Virus Antibody in Cadaveric or Hemolyzed Specimens, Symptomatic, Serum
- HCCAD Hepatitis C Virus Antibody Screen for Cadaveric or Hemolyzed Specimens, Asymptomatic, Serum
- HCVG Hepatitis C Virus Genotype, Serum

### Hepatitis D

- AHDV Hepatitis D Virus Total Antibodies, Serum

### Hepatitis E

- HEVG Hepatitis E Virus IgG Antibody, Serum
- HEVML Hepatitis E Virus IgM Antibody Confirmation, Serum
- HEVM Hepatitis E Virus IgM Antibody Screen with Reflex to Confirmation, Serum

### HIV

- HIVSP HIV Antigen and Antibody Prenatal Routine Screen, Plasma
- HV1CD HIV-1 and HIV-2 Antibodies for Cadaveric or Hemolyzed Specimens, Serum
- HV1CM HIV-1 and HIV-2 Antibody Screen for Hemolyzed Specimens, Serum
- HIVDX HIV-1 and HIV-2 Antigen and Antibody Diagnostic Evaluation, Plasma
- HVCOP HIV-1 and HIV-2 Antigen and Antibody Routine Screen, Plasma

### HUMAN T-CELL LYMPHOTROPIC VIRUS

- HTLLC Human T-Cell Lymphotropic Virus Types 1 and 2 (HTLV-1/-2) Antibody Confirmation, Spinal Fluid
- HTLVC Human T-Cell Lymphotropic Virus Types 1 and 2 (HTLV-1/-2) Antibody Screen with Confirmation, Spinal Fluid
- HTLVL Human T-Cell Lymphotropic Virus Types I and II (HTLV-I/-II) Antibody Confirmation, Serum
- HTLVI Human T-Cell Lymphotropic Virus Types I and II Antibody Screen with Confirmation, Serum

### ADDITIONAL TESTS

#### (INDICATE TEST NUMBER AND NAME)

