

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 <small>(Last, First)</small>
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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.

Reason for Testing (required)

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ICD-10 Diagnosis Code

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



Ship specimens to:

Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55905

Customer Service: 800-533-1710

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)		
Patient Relationship <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		

MCL Internal Use Only
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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>	

SPECIAL COAGULATION PROFILES	
<input type="checkbox"/> ADM13	ADAMTS13 Activity and Inhibitor Profile, Plasma
<input type="checkbox"/> ALBLD	Bleeding Diathesis Profile, Limited, Plasma
<input type="checkbox"/> CHF8P	Chromogenic Factor VIII Inhibitor Bethesda Profile, Plasma
<input type="checkbox"/> ADIC	Disseminated Intravascular Coagulation/Intravascular Coagulation and Fibrinolysis (DIC/ICF) Profile, Plasma
<input type="checkbox"/> ALUPP	Lupus Anticoagulant Profile, Plasma
<input type="checkbox"/> APROL	Prolonged Clot Time Profile, Plasma
<input type="checkbox"/> AATHR	Thrombophilia Profile, Plasma and Whole Blood
<input type="checkbox"/> AVWPR	von Willebrand Disease Profile, Plasma

SPECIAL COAGULATION TESTS	
Coagulation Factor Activity Testing	
<input type="checkbox"/> F_2	Coagulation Factor II Activity Assay, Plasma
<input type="checkbox"/> FACTV	Coagulation Factor V Activity Assay, Plasma
<input type="checkbox"/> F_7	Coagulation Factor VII Activity Assay, Plasma
<input type="checkbox"/> F8A	Coagulation Factor VIII Activity Assay, Plasma
<input type="checkbox"/> F_9	Coagulation Factor IX Activity Assay, Plasma
<input type="checkbox"/> F_10	Coagulation Factor X Activity Assay, Plasma
<input type="checkbox"/> F_11	Coagulation Factor XI Activity Assay, Plasma
<input type="checkbox"/> F_12	Coagulation Factor XII Activity Assay, Plasma

Coagulation Factor Inhibitor Profiles	
<input type="checkbox"/> 2INHE	Factor II Inhibitor Evaluation, Plasma
<input type="checkbox"/> 5INHE	Factor V Inhibitor Evaluation, Plasma
<input type="checkbox"/> 7INHE	Factor VII Inhibitor Evaluation, Plasma
<input type="checkbox"/> 8INHE	Factor VIII Inhibitor Evaluation, Plasma
<input type="checkbox"/> 9INHE	Factor IX Inhibitor Evaluation, Plasma
<input type="checkbox"/> 10INE	Factor X Inhibitor Evaluation, Plasma
<input type="checkbox"/> 11INE	Factor XI Inhibitor Evaluation, Plasma

Individual Tests	
<input type="checkbox"/> APCRV	Activated Protein C Resistance V (APCRV), Plasma
<input type="checkbox"/> A2PI	Alpha-2 Plasmin Inhibitor, Plasma
<input type="checkbox"/> ATTF	Antithrombin Activity, Plasma
<input type="checkbox"/> ATTI	Antithrombin Antigen, Plasma
<input type="checkbox"/> FXCH	Coagulation Factor X Chromogenic Activity Assay, Plasma
<input type="checkbox"/> HITIG	Heparin-PF4 IgG Antibody, Serum
<input type="checkbox"/> PAI1	Plasminogen Activator Inhibitor Antigen, Plasma
<input type="checkbox"/> CFX	Protein C Activity, Plasma
<input type="checkbox"/> PCAG	Protein C Antigen, Plasma

<input type="checkbox"/> SFX	Protein S Activity, Plasma
<input type="checkbox"/> PSTF	Protein S Antigen, Plasma
<input type="checkbox"/> RTSC	Reptilase Time, Plasma
<input type="checkbox"/> SRAU	Serotonin Release Assay, Unfractionated Heparin, Mass Spectrometry, Serum
<input type="checkbox"/> TTSC	Thrombin Time (Bovine), Plasma
<input type="checkbox"/> VWACT	von Willebrand Factor Activity, Plasma
<input type="checkbox"/> VWAG	von Willebrand Factor Antigen, Plasma
<input type="checkbox"/> VWFMS	von Willebrand Factor Multimer Analysis, Plasma
<input type="checkbox"/> VWD8B	von Willebrand Disease 2N (Subtype Normandy), Plasma

HEREDITARY THROMBOPHILIA	
Profiles	
<input type="checkbox"/> APCRR	Activated Protein C Resistance V, with Reflex to Factor V Leiden, Blood and Plasma
<input type="checkbox"/> AATHR	Thrombophilia Profile, Plasma and Whole Blood
Individual Tests	
<input type="checkbox"/> ATTF	Antithrombin Activity, Plasma
<input type="checkbox"/> ATTI	Antithrombin Antigen, Plasma
<input type="checkbox"/> APCRV	Activated Protein C Resistance V (APCRV), Plasma
<input type="checkbox"/> CFX	Protein C Activity, Plasma
<input type="checkbox"/> PCAG	Protein C Antigen, Plasma
<input type="checkbox"/> SFX	Protein S Activity, Plasma
<input type="checkbox"/> PSTF	Protein S Antigen, Plasma

ACQUIRED THROMBOPHILIA	
Profiles	
<input type="checkbox"/> ADM13	ADAMTS13 Activity and Inhibitor Profile, Plasma
<input type="checkbox"/> ALUPP	Lupus Anticoagulant Profile, Plasma
Individual Tests	
<input type="checkbox"/> B2GMG	Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
<input type="checkbox"/> DRV11	Dilute Russell Viper Venom Time (DRVVT), with Reflex, Plasma
<input type="checkbox"/> HITIG	Heparin-PF4 IgG Antibody (HIT), Serum
<input type="checkbox"/> CLPMG	Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum

BLEEDING DISORDERS	
Profiles	
<input type="checkbox"/> ALBLD	Bleeding Diathesis Profile, Limited, Plasma
<input type="checkbox"/> APROL	Prolonged Clot Time Profile, Plasma
<input type="checkbox"/> AVWPR	von Willebrand Disease Profile, Plasma

Esoteric Platelet Testing	
<input type="checkbox"/> PL AFL	Platelet Surface Glycoprotein by Flow Cytometry, Blood
<input type="checkbox"/> PTEM	Platelet Transmission Electron Microscopic Study, Whole Blood

von Willebrand Disease	
<input type="checkbox"/> AVWPR	von Willebrand Disease Profile, Plasma
<input type="checkbox"/> VWACT	von Willebrand Factor Activity, Plasma
<input type="checkbox"/> VWAG	von Willebrand Factor Antigen, Plasma
<input type="checkbox"/> VWFMS	von Willebrand Factor Multimer Analysis, Plasma

Individual Tests	
<input type="checkbox"/> F8A	Coagulation Factor VIII Activity Assay, Plasma
<input type="checkbox"/> F_9	Coagulation Factor IX Activity Assay, Plasma

Chromogenic Tests	
<input type="checkbox"/> CHF8	Chromogenic Factor VIII Activity Assay, Plasma
<input type="checkbox"/> CH9	Chromogenic Factor IX Activity Assay, Plasma
<input type="checkbox"/> FXCH	Coagulation Factor X Chromogenic Activity Assay, Plasma

SPECIAL COAGULATION DRUG ASSAYS	
<input type="checkbox"/> APIXA	Apixaban, Anti-Xa, Plasma
<input type="checkbox"/> BIVAL	Bivalirudin, Ecarin, Plasma
<input type="checkbox"/> EMICZ	Emicizumab, Modified One Stage Assay Factor VIII, Plasma
<input type="checkbox"/> RIVAR	Rivaroxaban, Anti-Xa, Plasma

SUPPORTIVE COAGULATION TESTING	
<input type="checkbox"/> B2GMG	Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
<input type="checkbox"/> CLPMG	Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum

THROMBOTIC MICROANGIOPATHY (TMA)	
<input type="checkbox"/> ADM13	ADAMTS13 Activity and Inhibitor Profile, Plasma
<input type="checkbox"/> AHUSD	Atypical Hemolytic Uremic Syndrome Complement Panel, Serum and Plasma
<input type="checkbox"/> ECUMP	Eculizumab Monitoring Panel, Serum
<input type="checkbox"/> ECULI	Eculizumab, Serum
<input type="checkbox"/> RAVUM	Ravulizumab Complement Blockage Monitoring, Serum
<input type="checkbox"/> RAVU	Ravulizumab, Serum
<input type="checkbox"/> STFRP	Shiga Toxin, Molecular Detection, PCR, Feces

