

### 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: 855-516-8404**

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**
- NHDCN 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.