

Neurology Specialty Testing Client Test Request

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 <i>(Last, First)</i>
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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.*

"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.

Patient Information (required)

Patient ID (Medical Record No.)		
Patient Name <i>(Last, First, Middle)</i>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(mm-dd-yyyy)</i>	
Collection Date <i>(mm-dd-yyyy)</i>	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Street Address		
City	State	ZIP Code
Phone		

Reason for Testing (required)

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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

MCL Internal Use Only

Ship specimens to:

Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

Visit www.MayoClinicLabs.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)

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AUTOIMMUNE CNS AND PARANEOPLASTIC DISORDERS

- ENS2 Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
- ENC2 Encephalopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
- K11CS Kelch-Like Protein 11 Antibody, Cell Binding Assay, Serum
- K11CC Kelch-Like Protein 11 Antibody, Cell Binding Assay, Spinal Fluid
- GD65S Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
- GD65C Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Spinal Fluid

Pediatric CNS Disorders

- PCDEC Pediatric Autoimmune Encephalopathy/CNS Disorders Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, GABA, AQP4, DPPX, mGluR1, PCA-Tr, ANNA-1, GAD65, GFAP)
- PCDES Pediatric Autoimmune Encephalopathy/CNS Disorders Evaluation, Serum (NMDA, LGI1, CASPR2, GABA, AQP4, MOG, DPPX, mGluR1, PCA-Tr, ANNA-1, GAD65, GFAP)

AUTOIMMUNE VISION LOSS

- PVLE Paraneoplastic Vision Loss Evaluation, Serum (RCVBS, CRMS)
- RCVBS Recoverin-IgG Antibody by Immunoblot, Serum

DEMENCIA

Alzheimer's Disease

- ADEVL Alzheimer's Disease Evaluation, Spinal Fluid (Abeta42, total-Tau, p-Tau181, p-Tau181/Abeta42 ratio)
- APOEG Apolipoprotein E Genotyping, Blood

Autoimmune Dementia

- DMS2 Dementia, Autoimmune/Paraneoplastic Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
- DMC2 Dementia, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)

Creutzfeldt Jakob Disease

- NSESF Neuron-Specific Enolase (NSE), Spinal Fluid

Frontotemporal Dementia

- C9ORF C9orf72 Hexanucleotide Repeat, Molecular Analysis
- MAPTZ MAPT Gene, Sequence Analysis, 7 Exon Screening Panel
- GRNZ Progranulin Gene (GRN), Full Gene Analysis

CADISIL

- NTC3Z NOTCH3 Gene, Full Gene Analysis

DEMYELINATING DISEASE

- CDS1 CNS Demyelinating Disease Evaluation, Serum (AQP4, MOG)
- NMOFS Neuromyelitis Optica (NMO)/Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
- MOGFS Myelin Oligodendrocyte Glycoprotein (MOG-IgG1) Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
- KCSF Immunoglobulin Kappa Free Light Chain, Spinal Fluid
- MSP3 Multiple Sclerosis (MS) Profile, Serum and Spinal Fluid

DEVELOPMENTAL DELAY

- CMACB Chromosomal Microarray, Congenital, Blood
- FXS Fragile X Syndrome, Molecular Analysis
- PWAS Prader-Willi/Angelman Syndrome, Molecular Analysis
- MCP2Z MECP2 Gene, Full Gene Analysis

DYSAUTONOMIA

- DYS2 Dysautonomia Autoimmune/Paraneoplastic Evaluation, Serum (LGI1, CASPR2, DPPX, AChR Ganglionic, ANNA-1, PCA-2, CRMP-5)

EPILEPSY

Autoimmune Epilepsy

- EPS2 Epilepsy, Autoimmune/Paraneoplastic Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP)
- EPC2 Epilepsy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP)

Hereditary Epilepsy

- EPPAN Comprehensive Epilepsy Gene Panel (319 genes)
- HMEP Hemiplegic Migraine Gene Panel (9 genes)
- TSCP Tuberous Sclerosis Gene Panel (2 genes)
- CSTB CSTB Repeat Expansion Analysis
- CGPH Custom Gene Panel, Hereditary (This test can be utilized to modify any of the above panels or to order a single gene from any of the above panels.)

Gene List ID: _____

FOLLOW-UP TESTING - NEUROIMMUNOLOGY

- PNEFS Neuroimmunology Antibody Follow-up, Serum
Specify Antibody: _____
- PNEFC Neuroimmunology Antibody Follow-up, Spinal Fluid
Specify Antibody: _____

MENINGITIS

- CSFME Meningitis/Encephalitis Pathogen Panel, PCR, Spinal Fluid

HEREDITARY HEARING LOSS

- HHLPA AudioloGene Hereditary Hearing Loss Panel, Varies

MITOCHONDRIAL DISORDERS

- GDF15 Growth Differentiation Factor 15, Plasma
- MITOP Mitochondrial Full Genome Analysis by Next-Generation Sequencing (NGS)
- MITON Mitochondrial Nuclear Gene Panel by Next-Generation Sequencing (NGS)
- MITOT Combined Mitochondrial Analysis, Mitochondrial Full Genome and Nuclear Gene Panel

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MOVEMENT DISORDERS	
Autoimmune Movement Disorders	
<input type="checkbox"/> GLYCS	Glycine Receptor Alpha1 IgG, Cell Binding Assay, Serum
<input type="checkbox"/> GLYCC	Glycine Receptor Alpha1 IgG, Cell Binding Assay, Spinal Fluid
<input type="checkbox"/> MDS2	Movement Disorder, Autoimmune/Paraneoplastic Evaluation, Serum (NMDA, LGI1, CASPR2, DPPX, MGLuR1, VGCC-P/Q, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GRAF1, ITPR1, KLHL11, NIF)
<input type="checkbox"/> MDC2	Movement Disorder, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, DPPX, MGLuR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GRAF1, ITPR1, KLHL11, NIF)
<input type="checkbox"/> SPPS	Stiff-Person Spectrum Disorders Evaluation, including Progressive Encephalomyelitis with Rigidity and Myoclonus, Serum (GlyR, GAD65, DPPX, Amphiphysin)
<input type="checkbox"/> SPPC	Stiff-Person Spectrum Disorders Evaluation, including Progressive Encephalomyelitis with Rigidity and Myoclonus, Spinal Fluid (GlyR, GAD65, DPPX, Amphiphysin)
Hereditary Movement Disorders	
<input type="checkbox"/> DRPL	Dentatorubral-Pallidoluysian Atrophy (DRPLA) Gene Analysis
<input type="checkbox"/> FFRWB	Friedreich Ataxia, Frataxin, Quantitative, Whole Blood
<input type="checkbox"/> AFXN	Friedreich Ataxia, Repeat Expansion Analysis
<input type="checkbox"/> HAD	Huntington Disease, Molecular Analysis
<input type="checkbox"/> SCAP	Spinocerebellar Ataxia Repeat Expansion Panel
<input type="checkbox"/> SCARA	Spinocerebellar Ataxia Type 1, 2, 3, 6, or 7, Repeat Expansion Analysis

MYELOPATHY	
<input type="checkbox"/> MAS1	Myelopathy, Autoimmune/Paraneoplastic Evaluation, Serum (AQP4, MOG, DPPX, mGluR1, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
<input type="checkbox"/> MAC1	Myelopathy, Autoimmune/Paraneoplastic Evaluation, Spinal Fluid (AQP4, DPPX, mGluR1, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)

NEURODEGENERATION	
<input type="checkbox"/> NFLC	Neurofilament Light Chain, Plasma

NEUROMUSCULAR	
Neuromuscular Junction Disorders	
<input type="checkbox"/> MGMR	Myasthenia Gravis Evaluation with Muscle-Specific Kinase (MuSK) Reflex, Serum
<input type="checkbox"/> MGLE	Myasthenia Gravis/Lambert-Eaton Myasthenic Syndrome Evaluation, Serum
Stand-Alone Antibodies	
<input type="checkbox"/> ARBI	Acetylcholine Receptor (Muscle AChR) Binding Antibody, Serum
<input type="checkbox"/> MUSK	Muscle-Specific Kinase (MuSK) Autoantibody, Serum
Autoimmune Neuromuscular Immune-Mediated Necrotizing Myopathy	
<input type="checkbox"/> NMS1	Necrotizing Myopathy Evaluation, Serum (HMGR, SRP)
Hereditary Neuromuscular Neuromuscular Disorders	
<input type="checkbox"/> NMPAN	Neuromuscular Genetic Panels by Next-Generation Sequencing (NGS)
Select one subpanel from the list below.	
<input type="checkbox"/>	Custom Gene Panel Gene List ID: _____
Distal Myopathy + Peripheral Neuropathy	
<input type="checkbox"/>	Distal Weakness Expanded Panel (217 genes)
Myopathies	
<input type="checkbox"/>	Myopathy Expanded Panel (141 genes)
<input type="checkbox"/>	Muscular Dystrophy Panel (77 genes)
<input type="checkbox"/>	Congenital Myopathy Panel (36 genes)
<input type="checkbox"/>	Metabolic Myopathy Panel (41 genes)
<input type="checkbox"/>	Myofibrillar Myopathy Panel (12 genes)
<input type="checkbox"/>	Distal Myopathy Panel (27 genes)
<input type="checkbox"/>	Emery-Dreifuss Panel (5 genes)
<input type="checkbox"/>	Rhabdomyolysis and Myopathy Panel (31 genes)
Motor Neuron Disease	
<input type="checkbox"/>	Motor Neuron Disease Panel (17 genes)
Neuromuscular Junction	
<input type="checkbox"/>	Congenital Myasthenic Syndromes Panel (25 genes)
Hyperexcitable Muscle Disease	
<input type="checkbox"/>	Skeletal Muscle Channelopathy Panel (6 genes)
<input type="checkbox"/> DBMD	Duchenne/Becker Muscular Dystrophy, DMD Gene, Large Deletion/Duplication Analysis
<input type="checkbox"/> SMNDX	Spinal Muscular Atrophy Diagnostic Assay, Deletion/Duplication Analysis
<input type="checkbox"/> SBULB	Spinal Muscular Atrophy (Kennedy Disease), Molecular Analysis

NEUROPATHY	
Autoimmune Neuropathy	
Axonal	
<input type="checkbox"/> GM1B	Ganglioside Antibody Panel, Serum (Monosialo GM1, IgG; Monosialo GM1, IgM; Asialo GM1, IgG; Asialo GM1, IgM; GD1b, IgG; GD1b, IgM)
<input type="checkbox"/> AIAES	Axonal Neuropathy, Autoimmune/Paraneoplastic Evaluation, Serum (LGI1, CASPR2, ANNA-1, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)
Demyelinating	
<input type="checkbox"/> GM1B	Ganglioside Antibody Panel, Serum (Monosialo GM1, IgG; Monosialo GM1, IgM; Asialo GM1, IgG; Asialo GM1, IgM; GD1b, IgG; GD1b, IgM)
<input type="checkbox"/> MAGES	Myelin Associated Glycoproteins (MAG) Autoantibodies (IgM), Serum
<input type="checkbox"/> NF4FS	Neurofascin-155 IgG4, Flow Cytometry, Serum
Hereditary Peripheral Neuropathy	
<input type="checkbox"/> PMPDD	<i>PMP22</i> Gene, Large Deletion/Duplication Analysis
<input type="checkbox"/> NPPAN	Peripheral Neuropathy Genetic Panels by Next-Generation Sequencing (NGS), Blood
Select one subpanel from the list below.	
<input type="checkbox"/>	Custom Gene Panel Gene List ID: _____
<input type="checkbox"/>	Hereditary Motor Neuropathy Panel (23 genes)
<input type="checkbox"/>	Hereditary Sensory Neuropathy Panel (18 genes)
<input type="checkbox"/>	Metabolic or Syndromic Neuropathies (74 genes)
<input type="checkbox"/>	Motor and Sensory Neuropathy Panel (82 genes)
<input type="checkbox"/>	Peripheral Neuropathy Expanded Panel (193 genes)
<input type="checkbox"/>	SEPT9 Gene, Full Gene Analysis (1 gene)
<input type="checkbox"/>	Spastic Paraplegia Neuropathy Panel (41 genes)

PARANEOPLASTIC TESTING	
<input type="checkbox"/> PAVAL	Paraneoplastic, Autoantibody Evaluation, Serum (VGKC, VGCC-P/Q, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)
<input type="checkbox"/> PAC1	Paraneoplastic, Autoantibody Evaluation, Spinal Fluid (PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)

SLEEP DISORDERS	
<input type="checkbox"/> ORXNA	Orexin-A/Hypocretin-1, Spinal Fluid

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THERAPEUTIC TESTING / DRUG MONITORING	
Antiepileptic Drugs	
<input type="checkbox"/>	AMOB5 Amobarbital, Serum
<input type="checkbox"/>	CARTA Carbamazepine, Total, Serum
<input type="checkbox"/>	CDP Chlordiazepoxide and Metabolite, Serum
<input type="checkbox"/>	DIA Diazepam and Nordiazepam, Serum
<input type="checkbox"/>	ETX Ethosuximide, Serum
<input type="checkbox"/>	FELBA Felbamate (Felbatol), Serum
<input type="checkbox"/>	GABA Gabapentin, Serum
<input type="checkbox"/>	LACO Lacosamide, Serum
<input type="checkbox"/>	LAMO Lamotrigine, Serum
<input type="checkbox"/>	LEVE Levetiracetam, Serum
<input type="checkbox"/>	OMHC Oxcarbazepine Metabolite, Serum
<input type="checkbox"/>	PBR Phenobarbital, Serum
<input type="checkbox"/>	PNYA Phenytoin, Total, Serum
<input type="checkbox"/>	PRMB Primidone and Phenobarbital, Serum
<input type="checkbox"/>	SECOS Secobarbital, Serum
<input type="checkbox"/>	TOPI Topiramate, Serum
<input type="checkbox"/>	VALPA Valproic Acid, Total, Serum
<input type="checkbox"/>	ZONI Zonisamide, Serum
Pharmacogenomics	
<input type="checkbox"/>	PGXQP Focused Pharmacogenomics Panel (CYP1A2, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, SLC01B1, VKORC1, CYP4F2, and rs12777823)
<input type="checkbox"/>	CARBR Carbamazepine Hypersensitivity Pharmacogenomics, Varies
<input type="checkbox"/>	COMTQ Catechol-O-Methyltransferase (COMT) Genotype
<input type="checkbox"/>	1A2Q Cytochrome P450 1A2 Genotype
<input type="checkbox"/>	2C19R Cytochrome P450 2C19 Genotype
<input type="checkbox"/>	2C9QT Cytochrome P450 2C9 Genotype
<input type="checkbox"/>	2D6Q Cytochrome P450 2D6 Comprehensive Cascade
<input type="checkbox"/>	3A4Q Cytochrome P450 3A4 Genotype
<input type="checkbox"/>	3A5Q Cytochrome P450 3A5 Genotype
<input type="checkbox"/>	NAT2Q N-Acetyltransferase 2 (NAT2) Genotype
<input type="checkbox"/>	TPNUQ Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping
<input type="checkbox"/>	WARSQ Warfarin Response Genotype

ADDITIONAL TESTS (INDICATE TEST NUMBER AND NAME)