



Instructions: The accurate interpretation and reporting of the results is contingent upon the reason for referral, clinical information, ethnic background, and family history. To help provide the best possible service, supply the information requested below and send paperwork with the specimen.

Patient Information

Form with fields for Patient Name, Birth Date, Gender, Referring Physician Name, Phone, Fax*, and Physician Email.

*Fax number provided must be from a fax machine that complies with applicable HIPAA regulations.

Ethnic Origin/Race

Form with checkboxes for various ethnicities: Eastern European/Russian/Chuvash, Pakistani/Indian, Italian/Mediterranean, African, Jewish, European, Asian, Hispanic, and Other.

Clinical Information

Form with sections for CBC Data, ABG Data, Erythropoietin (EPO) level, Oxygen dissociation p50 result, Relevant Clinical Information, Patient History, and History of Splenomegaly, Phlebotomy, and No Exogenous EPO Rx.

Family History

Form with fields for Family history of similar disorder and names of family members.

Ship Specimens to:

Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

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)

Visit www.MayoClinicLabs.com for the most up-to-date test and shipping information.