

Molecular Pathology Test Request*

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street Address		
City	State	ZIP Code

Submitting Healthcare Professional Information (required)

Submitting/Referring Healthcare Professional Name (Last, First)

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.*

Pathologist Information (required)

Submitting/Referring Pathologist Name (Last, First)	
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.*

New York State Patients: Not Accepted.

Ship specimens to:

Mayo Clinic Laboratories – Jacksonville
 4461 Mellish Drive, Stabile Bldg N
 Jacksonville, FL 32224

Customer Service: 800-533-1710

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

Patient Information (required)

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

Specimens Provided (required)

<input type="checkbox"/> Blood <input type="checkbox"/> Bone marrow <input type="checkbox"/> Paraffin block (formalin-fixed only) No. sent: _____ Indicate source: _____ Case/Block ID: _____	<input type="checkbox"/> Slides No. sent: _____ H&E: _____ Thickness (um): _____ Unstained: _____ Indicate source: _____ Case/Block ID: _____
CBC Results HB: _____ RBC: _____ WBC: _____ HCT: _____ MCV: _____ PLT: _____	

Pathology/Clinical Diagnosis (required)

Include a brief history, pertinent laboratory results, suspected diagnosis, and reason for testing.

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

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 (Last, First Middle)	Client Order No.
Birth Date (mm-dd-yyyy)	

MPN (MYELOPROLIFERATIVE NEOPLASM)

JAK2 V617F-CALR-MPL Testing

Diagnostic
Myeloproliferative Neoplasm, JAK2 V617F with Reflex to CALR and MPL

☐ MPNJP Blood
☐ MPNJM Bone Marrow

Monitoring
JAK2 V617F Mutation Detection, Quantitative

☐ JAKFB Blood
☐ JAKFM Bone Marrow

Monitoring
CALR Mutation Analysis, Myeloproliferative Neoplasm (MPN)

☐ CALFB Blood
☐ CALFM Bone Marrow

Monitoring
MPL Exon 10 Mutation Detection

☐ MPLFB Blood
☐ MPLFM Bone Marrow

BCR::ABL1 Testing

Diagnostic/Monitoring
p210, RT PCR, Quantitative

☐ BCRAB Blood
☐ BCRAM Bone Marrow

p190, RT PCR, Quantitative

☐ P190B Blood
☐ P190M Bone Marrow

HEMATOLOGIC DISORDERS HOLD SERVICE

☐ DNAEX Hematologic Disorders, DNA Extract and Hold, Varies

☐ RNAEX Hematologic Disorders, RNA Extract and Hold, Varies

NEXT-GENERATION SEQUENCING (NGS)

☐ NGSMC Comprehensive NGS Myeloid Panel (Blood and Bone Marrow)

HEMATOLOGIC MISC

BRAF

BRAF V600 Somatic Mutation Analysis, PCR

☐ WBRAF Blood
☐ MBRAF Bone Marrow
☐ TBRAF Tissue

ACUTE MYELOID LEUKEMIA (AML)/MYELOYDYSPLASTIC NEOPLASM (MDN)

☐ NGSMC Comprehensive NGS Myeloid Panel (Blood or Bone Marrow)

Acute Myeloid Leukemia (AML), FISH – Full Panel

☐ JAMLB Blood
☐ JAMLM Bone Marrow

(For specific probes, select from the selection below)

☐ PML::RARA t(15;17)(q24.1;q21.2)
☐ RUNX1T1::RUNX1 t(8;21)(q21;q22)
☐ CBFβ::MYH11 inv(16)(p13q22) or t(16;16)
☐ KMT2A BAP 11q23 rearrangement
☐ DEK::NUP214 t(6;9)(p22.3;q34)
☐ BCR::ABL1 t(9;22)(q34;q11.2)
☐ MECOM BAP 3q26 rearrangement

Nucleophosmin (NPM1) Mutation Analysis, RT PCR, Quantitative

☐ NPMFB Blood
☐ NPMFM Bone Marrow

Myelodysplastic Neoplasms (MDN), FISH – Full Panel

☐ JMDNB Blood
☐ JMDNM Bone Marrow

(For specific probes, select from the selection below)

☐ 5q31/5q33/5p15 Monosomy 5, 5q deletion
☐ 7q31 (D7S486)/CEP7 Monosomy 7, 7q deletion
☐ MYC/CEP8 Trisomy 8
☐ ATM/11cen 11q deletion
☐ ETV6/RUNX1/XCE12 12p deletion
☐ RB1/DLEU/LAMP 13q deletion
☐ TP53/NF1 17p deletion, isochromosome 17q
☐ 20q12/20qter 20q deletion

PML::RARA, FISH ***STAT TEST***
(Reflexes to RARA BAP FISH if negative)

☐ JPMLB Blood
☐ JPMLM Bone Marrow

LYMPHOID DISORDERS

T Cell

T Cell Gene Rearrangement

☐ TCGET Tissue
☐ TCGR Blood
☐ TCGBM Bone Marrow

B Cell

Immunoglobulin Gene Rearrangement

☐ BCGET Tissue
☐ BCGR Blood
☐ BCGBM Bone Marrow

B-Cell Lymphoma, FISH, Tissue – Full Panel

☐ JLYMF (Tissue only)

(For specific probes, select from the selection below)

☐ MYC BAP 8q24.1 rearrangement
☐ MYC/IGH/CEP8 t(8;14)(q24.1;q32)
☐ BCL2 BAP 18q21 rearrangement
☐ BCL6 BAP 3q27 rearrangement

Chronic Lymphocytic Leukemia (CLL)

Chronic Lymphocytic Leukemia (CLL), FISH – Full Panel

☐ JCLLB Blood
☐ JCLLF Bone Marrow

(For specific probes, select from the selection below)

☐ ATM, TP53 11q deletion, 17p deletion
☐ D12Z3, D13S319/LAMP1 +12, 13q deletion
☐ D6Z1/MYB Monosomy 6, 6q deletion
☐ CCND1::IGH t(11;14)(q13;q32)

ONCOLOGY

Breast

☐ JHERF HER2 Amplification Associated with Breast Cancer, FISH, Breast Primary, Tissue

Liposarcoma

☐ JMDFM MDM2 (12q15) Amplification, Well-Differentiated Liposarcoma/Atypical Lipomatous Tumor, FISH, Tissue

Brain

☐ JGLIF 1p/19q Glioma Deletions, FISH, Tissue
☐ MGMTF MGMT Promoter Methylation, Tissue