Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Benign Hematology Test Request

Client Information (required)

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

Submitting Healthcare Professional Information (required)

Submitting/Referring Healthcare Professional (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.*

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

Patient Information (required)

Patient ID (Medical Record No.)		
Patient Name (Last, First Middle)		
Sex ☐ Male ☐ Female	Birth Date (mm-dd-yyyy)	
Collection Date (mm-dd-yyyy)	Time ☐ am ☐ pm	
Street Address		
City	State	ZIP Code
Phone		

MCL Internal Use Only

Ship specimens to:
Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55905

Customer Service: 800-533-1710

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, or scan the code to learn more.

T755
MC0767-07Arev1025

Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name (Last, First Middle)	Client Order No.
Birth Date (mm-dd-yyyy)	

CONSULTATION/MORPHOLOGY EVALUATION

- ☐ HPCUT Hematopathology Consultation, Client Embed (submit bone marrow aspirate and embedded core biopsy and clot section)
- ☐ HPWET Hematopathology Consultation, MCL Embed (submit core biopsy, clot section and bone marrow aspirate)

Note: HPWET and HPCUT require MCL approval prior to ordering and submission of specimens.
Call 800-533-1710 for approval.

- ☐ PATHC Pathology Consultation (submit stained slides and block)

ERYTHROCYTES: ENZYMOPATHIES

- ☐ AK1 Adenylate Kinase Enzyme Activity, Blood
- ☐ G6PD1 Glucose 6-Phosphate Dehydrogenase Enzyme Activity, Blood
- ☐ G6PDZ Glucose-6-Phosphate Dehydrogenase (*G6PD*) Full Gene Sequencing, Varies
- ☐ GPI1 Glucose Phosphate Isomerase Enzyme Activity, Blood
- ☐ GSH Glutathione, Blood
- ☐ HAEV1* Hemolytic Anemia Evaluation, Blood
- ☐ HK1 Hexokinase Enzyme Activity, Blood
- ☐ PFK1 Phosphofructokinase Enzyme Activity, Blood
- ☐ PGK1 Phosphoglycerate Kinase Enzyme Activity, Blood
- ☐ P5NT Pyrimidine 5' Nucleotidase, Blood
- ☐ PK1 Pyruvate Kinase Enzyme Activity, Blood
- ☐ PKLRZ *PKLR* Full Gene Analysis, Varies
- ☐ EEEV1* Red Blood Cell (RBC) Enzyme Evaluation, Blood
- ☐ TPI1 Triosephosphate Isomerase Enzyme Activity, Blood

ERYTHROCYTES: GENERAL

- ☐ PLHBB Plasma Free Hemoglobin, Plasma
- ☐ RETB Reticulocyte Profile, Blood (includes reticulocyte hemoglobin and immature reticulocyte fraction)

ERYTHROCYTES: HEMOGLOBIN DISORDERS

- ☐ AGDD Alpha Globin Cluster Locus Deletion/Duplication, Varies
- ☐ WASEQ Alpha Globin Gene Sequencing, Varies
- ☐ WBSEQ Beta Globin Gene Sequencing, Varies
- ☐ WBGDD Beta-Globin Gene Cluster, Deletion/Duplication, Varies
- ☐ REVE2 Erythrocytosis Evaluation, Blood
- ☐ WGSEQ Gamma-Globin Full Gene Sequencing, Varies
- ☐ HBEL1* Hemoglobin Electrophoresis Evaluation, Blood
- ☐ HGBCE* Hemoglobin Variant, A2 and F Quantitation, Blood
- ☐ HAEV1* Hemolytic Anemia Evaluation, Blood
- ☐ MEV1* Methemoglobinemia Evaluation, Blood
- ☐ SDEX Sickle Solubility, Blood
- ☐ THEV1* Thalassemia and Hemoglobinopathy Evaluation, Blood and Serum

ERYTHROCYTES: HEREDITARY ERYTHROCYTOSIS

- ☐ BPGMM 2,3-Bisphosphoglycerate Mutase, Full Gene Sequencing Analysis, Varies
- ☐ REVE2 Erythrocytosis Evaluation, Blood
- ☐ EPO Erythropoietin, Serum
- ☐ NHEP Hereditary Erythrocytosis Gene Panel, Next-Generation Sequencing, Varies
- ☐ HEMP Hereditary Erythrocytosis Mutations, Whole Blood

ERYTHROCYTES: IMMUNOLOGY

- ☐ ABYSR Antibody Screen with Reflexed Antibody Identification, Blood
- ☐ CATTR Cold Agglutinin Titer, Serum
- ☐ ATR Isoagglutinin Titer, Anti-A, Serum
- ☐ BTR Isoagglutinin Titer, Anti-B, Serum
- ☐ PLINK Paroxysmal Nocturnal Hemoglobinuria, PI-Linked Antigen, Blood

ERYTHROCYTES: MEMBRANE DISORDERS

- ☐ HAEV1* Hemolytic Anemia Evaluation, Blood
- ☐ FRAG Osmotic Fragility, Erythrocytes
- ☐ RBCME* Red Blood Cell Membrane Evaluation, Blood

ERYTHROCYTES: METHEMOGLOBIN

- ☐ METR1 Cytochrome b5 Reductase Enzyme Activity, Blood
- ☐ MET Methemoglobin and Sulfhemoglobin, Blood
- ☐ MEV1* Methemoglobinemia Evaluation, Blood

LEUKOCTYES

- ☐ MURA Lysozyme (Muramidase), Plasma

LYMPHOCYTES

- ☐ ALPS Alpha Beta Double-Negative T Cells for Autoimmune Lymphoproliferative Syndrome, Blood
- ☐ CRGSP Cryoglobulin and Cryofibrinogen Panel, Serum and Plasma
- ☐ LCMS Leukemia/Lymphoma Immunophenotyping, Flow Cytometry, Varies
- ☐ SVISC Viscosity, Serum

METABOLISM: MEGALOBLASTIC ANEMIA

- ☐ FOL Folate, Serum
- ☐ GAST Gastrin, Serum
- ☐ MMAP Methylmalonic Acid, Quantitative, Plasma
- ☐ MMAS Methylmalonic Acid, Quantitative, Serum
- ☐ MMAU Methylmalonic Acid, Quantitative, Urine
- ☐ ACASM Pernicious Anemia Cascade, Serum
- ☐ B12 Vitamin B12 Assay, Serum
- ☐ FB12 Vitamin B12 and Folate, Serum

METABOLISM: METALS

- ☐ CERS Ceruloplasmin, Serum
- ☐ FERR1 Ferritin, Serum
- ☐ HFET Hereditary Hemochromatosis, HFE Variant Analysis, Varies
- ☐ SFEC Iron and Total Iron-Binding Capacity, Serum
- ☐ TRSF Transferrin, Serum

MOLECULAR BENIGN HEMATOLOGY STUDIES

- ☐ NCDA Congenital Dyserythropoietic Anemia Gene Panel, Next-Generation Sequencing, Varies
- ☐ NHEP Hereditary Erythrocytosis Gene Panel, Next-Generation Sequencing, Varies
- ☐ NHHA Hereditary Hemolytic Anemia Gene Panel, Next-Generation Sequencing, Varies
- ☐ NCYB Recessive Congenital Methemoglobinemia, CYB5 and CYB5 Reductase Genetic Analysis, Next-Generation Sequencing, Varies
- ☐ NENZ Red Blood Cell Enzyme Disorders Gene Panel, Next-Generation Sequencing, Varies
- ☐ NMEM Red Blood Cell Membrane Disorders Gene Panel, Next-Generation Sequencing, Varies

ADDITIONAL TESTS (INDICATE TEST ID AND NAME)

*__Metabolic Hematology Patient Information (T810) is strongly recommended for this test.__ For more information, see corresponding test on MayoClinicLabs.com

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