

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.

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

"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 55905

Customer Service: 800-533-1710

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
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		

MCL Internal Use Only

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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.
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Birth Date (mm-dd-yyyy)	

BIOMARKER PANELS	
<input type="checkbox"/> CRMP1	Cardiovascular Risk Marker Panel, Serum
APOLB	Apolipoprotein B, Serum
HDCH	Cholesterol, HDL, Serum
CLDL1	Cholesterol, Low-Density Lipoprotein (LDL), Calculated, Serum
NHDCH	Cholesterol, Non-High-Density Lipoprotein (HDL), Calculated, Serum
CHOL	Cholesterol, Total, Serum
HSCRP	C-Reactive Protein, High Sensitivity, Serum
CVINT	Interpretation
LIPA1	Lipoprotein(a), Serum
TRIG	Triglycerides, Serum
<input type="checkbox"/> 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	
<input type="checkbox"/> APOAB	Apolipoprotein A1 and B, Serum
<input type="checkbox"/> APOA1	Apolipoprotein A1, Serum
<input type="checkbox"/> APOLB	Apolipoprotein B, Serum
<input type="checkbox"/> HDCH	Cholesterol, High-Density Lipoprotein (HDL), Serum
<input type="checkbox"/> CHOL	Cholesterol, Total, Serum
<input type="checkbox"/> CHLE	Cholesteryl Esters, Serum
<input type="checkbox"/> NEFA	Free Fatty Acids, Total, Serum
<input type="checkbox"/> LPALD	Lipoprotein (a) and Low-Density Lipoprotein Cholesterol, Serum
<input type="checkbox"/> LIPA1	Lipoprotein(a), Serum
<input type="checkbox"/> LDLD	Low-Density Lipoprotein (LDL) Cholesterol, Beta-Quantification, Serum
<input type="checkbox"/> CERAM	MI-Heart Ceramides, Plasma
<input type="checkbox"/> NMRLP	Nuclear Magnetic Resonance Lipoprotein Profile, Serum
<input type="checkbox"/> SDLDL	Small Dense Low Density Lipoprotein Cholesterol, Serum
<input type="checkbox"/> TRIG1	Triglycerides, Serum

INFLAMMATION	
<input type="checkbox"/> ADMA	Asymmetric Dimethylarginine, Plasma
<input type="checkbox"/> HSCRP	C-Reactive Protein, High Sensitivity, Serum
<input type="checkbox"/> CSTCE	Cystatin C with Estimated Glomerular Filtration Rate (eGFR), Serum
<input type="checkbox"/> F2ISO	F2-Isoprostanes, Random, Urine
<input type="checkbox"/> HCYSS	Homocysteine, Total, Serum

HEART FAILURE	
<input type="checkbox"/> ALDS	Aldosterone, Serum
<input type="checkbox"/> ACE	Angiotensin Converting Enzyme, Serum
<input type="checkbox"/> BNP	B-Type Natriuretic Peptide, Plasma
<input type="checkbox"/> GAL3	Galectin-3, Serum
<input type="checkbox"/> PBNP1	NT-Pro B-Type Natriuretic Peptide, Serum
<input type="checkbox"/> PRA	Renin Activity, Plasma
<input type="checkbox"/> NAS	Sodium, Serum
<input type="checkbox"/> HSTNI	Troponin I, High Sensitivity, Plasma
<input type="checkbox"/> TRPS	Troponin T, 5th Generation, Plasma

GENETICS	
Next-Generation Sequencing Panels	
<input type="checkbox"/> ARVGG	Arrhythmogenic Cardiomyopathy Gene Panel, Varies
<input type="checkbox"/> CPVTG	Catecholaminergic Polymorphic Ventricular Tachycardia Gene Panel, Varies
<input type="checkbox"/> CACMG	Comprehensive Arrhythmia and Cardiomyopathy Gene Panel, Varies
<input type="checkbox"/> CARGG	Comprehensive Arrhythmia Gene Panel, Varies
<input type="checkbox"/> CCMGG	Comprehensive Cardiomyopathy Gene Panel, Varies
<input type="checkbox"/> CVHBG	Comprehensive Cerebrovascular Gene Panel, Varies
<input type="checkbox"/> CAORG	Comprehensive Marfan, Loeys-Dietz, Ehlers-Danlos, and Aortopathy Gene Panel, Varies
<input type="checkbox"/> CHDGG	Congenital Heart Disease Gene Panel, Varies
<input type="checkbox"/> CGPH	Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies
<input type="checkbox"/> DCLNG	Dilated Cardiomyopathy and Left Ventricular Noncompaction Cardiomyopathy Gene Panel, Varies
<input type="checkbox"/> EDSGG	Ehlers-Danlos Syndrome Gene Panel, Varies
<input type="checkbox"/> HHTGG	Hereditary Hemorrhagic Telangiectasia and Vascular Malformations Gene Panel, Varies
<input type="checkbox"/> HCHLG	Hypercholesterolemia Gene Panel, Varies
<input type="checkbox"/> HYPTG	Hypertriglyceridemia Gene Panel, Varies
<input type="checkbox"/> HCMGG	Hypertrophic Cardiomyopathy Gene Panel, Varies
<input type="checkbox"/> HYPBG	Hypobetalipoproteinemia Gene Panel, Varies
<input type="checkbox"/> LIPOG	Lipodystrophy Gene Panel, Varies
<input type="checkbox"/> LQTSG	Long QT Syndrome Gene Panel, Varies
<input type="checkbox"/> MFRGG	Marfan, Loeys-Dietz, and Aortopathy Gene Panel, Varies

<input type="checkbox"/> NSRGG	Noonan Syndrome and Related Conditions Gene Panel, Varies
<input type="checkbox"/> OIBFG	Osteogenesis Imperfecta and Bone Fragility Gene Panel, Varies
<input type="checkbox"/> WESPR	Panel to Whole Exome Sequencing Reflex Test, Varies
<input type="checkbox"/> SQTSG	Short QT Syndrome Gene Panel, Varies
<input type="checkbox"/> TSCP	Tuberous Sclerosis Gene Panel, Varies

Single Gene Analysis	
<input type="checkbox"/> SCN5A	Brugada Syndrome, SCN5A Full Gene Analysis, Varies
<input type="checkbox"/> MFBNG	FBN1 Full Gene Sequencing with Deletion/Duplication, Varies
<input type="checkbox"/> PRKSG	PRKAR1A Full Gene Sequencing with Deletion/Duplication, Varies

Cytogenetics	
<input type="checkbox"/> DD22F	22q11.2 Deletion/Duplication, FISH, Varies

Known Variant Analysis	
<input type="checkbox"/> FMTT	Familial Variant, Targeted Testing, Varies

PHARMACOGENOMICS	
<input type="checkbox"/> 2C19R	Cytochrome P450 2C19 Genotype, Varies
<input type="checkbox"/> 2D6Q	Cytochrome P450 2D6 Comprehensive Cascade, Varies
<input type="checkbox"/> PGXQP	Focused Pharmacogenomics Panel, Varies
<input type="checkbox"/> SLC1Q	Solute Carrier Organic Anion Transporter Family Member 1B1 (SLCO1B1) Genotype, Statin, Varies
<input type="checkbox"/> WARSQ	Warfarin Response Genotype, Varies

THERAPEUTIC DRUG MONITORING	
<input type="checkbox"/> AMIO	Amiodarone, Serum
<input type="checkbox"/> FRDIG	Digoxin, Free, Serum
<input type="checkbox"/> DIG	Digoxin, Serum
<input type="checkbox"/> FLEC	Flecainide, Serum
<input type="checkbox"/> LID	Lidocaine, Serum
<input type="checkbox"/> MEX	Mexiletine, Serum
<input type="checkbox"/> PA	Procanamide and N-acetylprocainamide, Serum
<input type="checkbox"/> PFN	Propafenone, Serum
<input type="checkbox"/> QUIN	Quinidine, Serum

CARDIAC AMYLOIDOSIS	
<input type="checkbox"/> AMPIP	Amyloid Protein Identification, Paraffin, Mass Spectrometry
<input type="checkbox"/> TTRZ	TTR Gene, Full Gene Analysis, Varies

**This test will reflex to other types of pathology consults (eg, outside slide) and stains as needed.

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

<input type="checkbox"/> PMAOG	Postmortem Aortopathy Gene Panel, Tissue
<input type="checkbox"/> PMARG	Postmortem Arrhythmia Gene Panel, Tissue
<input type="checkbox"/> PMCAG	Postmortem Cardiomyopathy and Arrhythmia Gene Panel, Tissue
<input type="checkbox"/> PMCMG	Postmortem Cardiomyopathy Gene Panel, Tissue

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