

Client Information (required)

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

Submitting Provider/Provider Name Information (required)

Submitting/Referring Provider <i>(Last, First)</i>
Fill in only if Call Back is required. Phone () _____ - _____ Fax * () _____ - _____
Provider's National I.D. (NPI)

**Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

Reason for Referral (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

<p>"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."</p> <p>Signature _____</p>
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Note: It is the client's responsibility to maintain documentation of the order.

Ship specimens to:

Mayo Medical Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

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

Patient Information (required)

Patient ID <i>(Medical Record No.)</i>		
Patient Name <i>(Last, First, Middle)</i>		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(Month DD, YYYY)</i>	
Collection Date <i>(Month DD, YYYY)</i>	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Patient's Street Address		
Phone		
City	State	Zip Code

Insurance Information

Subscriber's Name <i>(if different than patient)</i>		
Patient Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other _____		
Medicare HIC Number <i>(if applicable)</i>		
Medicaid Number <i>(if applicable)</i>		
Insurance Company's Name <i>(if applicable)</i>		
Insurance Company's Street Address		
City	State	Zip Code
Policy Number		
Group Number		

<p>MML Internal Use Only</p>

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 <i>(Medical Record No.)</i>	Client Account No.
Patient Name <i>(Last, First, Middle)</i>	Client Order No.
Birth Date <i>(Month DD, YYYY)</i>	

SPECIAL COAGULATION PROFILES

- ADM13 ADAMTS13 Activity and Inhibitor Profile
- BDIAL Bleeding Diathesis Profile, Limited
- LUPPR Lupus Anticoagulant Profile
- PROCT Prolonged Clot Time Profile
- THRMP Thrombophilia Profile
- VWPR von Willebrand Profile
- F8INH Factor VIII Inhibitor Evaluation
- F9INH Factor IX Inhibitor Evaluation

SPECIAL COAGULATION TESTS

Coagulation Factor Activity Testing

- F_2 Coagulation Factor II Activity Assay, Plasma
- FACTV Coagulation Factor V Activity Assay, Plasma
- F_7 Coagulation Factor VII Activity Assay, Plasma
- F8A Coagulation Factor VIII Activity Assay, Plasma
- F_9 Coagulation Factor IX Activity Assay, Plasma
- F_10 Coagulation Factor X Activity Assay, Plasma
- F_11 Coagulation Factor XI Activity Assay, Plasma
- F_12 Coagulation Factor XII Activity Assay, Plasma

Coagulation Factor Inhibitor Screen Testing

- F2IS Coagulation Factor II Inhibitor Screen, Plasma
- F5IS Coagulation Factor V Inhibitor Screen, Plasma
- F7IS Coagulation Factor VII Inhibitor Screen, Plasma
- F10IS Coagulation Factor X Inhibitor Screen, Plasma
- F11IS Coagulation Factor XI Inhibitor Screen, Plasma

Profiles

- F8INH Factor VIII Inhibitor Evaluation
- F9INH Factor IX Inhibitor Evaluation

Individual Tests

- APCRV Activated Protein C Resistance V (APCRV), Plasma
- APSM Alpha-2 Plasmin Inhibitor, Plasma
- ATTF Antithrombin Activity, Plasma
- ATTI Antithrombin Antigen, Plasma
- FXCH Coagulation Factor X Chromogenic Activity Assay, Plasma
- HITIG Heparin-PF4 IgG Antibody (HIT), Serum
- PAI1 Plasminogen Activator Inhibitor Antigen, Plasma
- CFX Protein C Activity, Plasma
- PCAG Protein C Antigen, Plasma
- S_FX Protein S Activity, Plasma
- PSTF Protein S Antigen, Plasma
- RPTL Reptilase Time, Plasma
- TT Thrombin Time (Bovine), Plasma
- VWFX von Willebrand Factor Activity, Plasma
- VWAG von Willebrand Factor Antigen, Plasma
- VWFM2 von Willebrand Factor Multimer Analysis, Plasma

HEREDITARY THROMBOPHILIA

Profiles

- THRMP Thrombophilia Profile
- APCRR Activated Protein C Resistance V (APCRV), with Reflex to Factor V Leiden, Plasma

Individual Tests

- APCRV Activated Protein C Resistance V (APCRV), Plasma
- CFX Protein C Activity, Plasma
- PCAG Protein C Antigen, Plasma
- S_FX Protein S Activity, Plasma
- PSTF Protein S Antigen, Plasma
- ATTF Antithrombin Activity, Plasma
- ATTI Antithrombin Antigen, Plasma

ACQUIRED THROMBOPHILIA

Profiles

- LUPPR Lupus Anticoagulant Profile
- ADM13 ADAMTS13 Activity and Inhibitor Profile

Individual Tests

- B2GMG Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
- CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum
- DRVTI Dilute Russell Viper Venom Time (DRVVT), with Reflex, Plasma
- HITIG Heparin-PF4 IgG Antibody (HIT), Serum

BLEEDING DISORDERS

Profiles

- BDIAL Bleeding Diathesis Profile, Limited
- PROCT Prolonged Clot Time Profile
- VWPR von Willebrand Profile
- F8INH Factor VIII Inhibitor Evaluation
- F9INH Factor IX Inhibitor Evaluation

Esoteric Platelet Testing

- PTEM Platelet Transmission Electron Microscopic Study
- PLAFL Platelet Surface Glycoprotein by Flow Cytometry, Blood

von Willebrand Disease

- VWPR von Willebrand Profile
- VWFX von Willebrand Factor Activity, Plasma
- VWAG von Willebrand Factor Antigen, Plasma
- VWFM2 von Willebrand Factor Multimer Analysis, Plasma

Individual Tests

- F8A Coagulation Factor VIII Activity Assay, Plasma
- F_9 Coagulation Factor IX Activity Assay, Plasma
- VWFX von Willebrand Factor Activity, Plasma
- VWAG von Willebrand Factor Antigen, Plasma
- VWFM2 von Willebrand Factor Multimer Analysis, Plasma

Chromogenic Tests

- CH8 Chromogenic Factor VIII Activity Assay, Plasma
- CH9 Chromogenic Factor IX Activity Assay, Plasma
- FXCH Coagulation Factor X Chromogenic Activity Assay, Plasma

SPECIAL COAGULATION DRUG ASSAYS

- APIXA Apixaban, Anti-Xa, Plasma
- RIVAR Rivaroxaban, Anti-Xa, Plasma

SUPPORTIVE COAGULATION TESTING

- B2GMG Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
- CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum

COAGULATION DNA TESTING

- F9MAP Hemophilia B, F9 Gene Mutation Analysis, Amniotic Fluid or Chorionic Villus Sampling
- F9KMP Hemophilia B, F9 Gene Known Mutation Analysis, Amniotic Fluid or Chorionic Villus Sampling
- F5DNA Factor V Leiden (R506Q) Mutation, Blood
- FIXKM Hemophilia B, F9 Gene Known Mutation, Whole Blood
- FIXMS Hemophilia B, F9 Gene Mutation Analysis, Whole Blood
- PTNT Prothrombin G20210A Mutation, Blood
- VWD2N von Willebrand Disease 2N (Subtype Normandy), Blood
- F822B Hemophilia A F8 Gene, Intron 22 Inversion Known Mutation, Whole Blood
- F81B Hemophilia A F8 Gene, Intron 1 Inversion Known Mutation, Whole Blood
- F8INV Hemophilia A F8 Gene, Intron 1 and 22 Inversion Mutation Analysis, Whole Blood
- F8INP Hemophilia A F8 Gene, Intron 1 and 22 Inversion Mutation Analysis, Amniotic Fluid or Chorionic Villus Sampling
- F81P Hemophilia A F8 Gene, Intron 1 Inversion Known Mutation Analysis, Amniotic Fluid or Chorionic Villus Sampling
- F822P Hemophilia A F8 Gene, Intron 22 Inversion Mutation Analysis, Amniotic Fluid or Chorionic Villus Sampling

ADDITIONAL TESTS (INDICATE TEST CODE AND NAME)