

Client Information (required)

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

Submitting Provider Information (required)

Submitting/Referring Provider Name (Last, First)
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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

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 the order.



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)		
Patient Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other: _____		
Medicare HIC Number (if applicable)		
Medicare 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)

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SPECIAL COAGULATION PROFILES

- ☐ ADAMP ADAMTS13 Activity with Reflex Inhibitor Profile, Plasma
- ☐ ALBLD Bleeding Diathesis Profile, Limited, Plasma
- ☐ CHF8P Chromogenic Factor VIII Inhibitor Bethesda Profile, Plasma
- ☐ ADIC Disseminated Intravascular Coagulation/ Intravascular Coagulation and Fibrinolysis (DIC/ICF) Profile, Plasma
- ☐ ALUPP Lupus Anticoagulant Profile, Plasma
- ☐ APROL Prolonged Clot Time Profile, Plasma
- ☐ AATHR Thrombophilia Profile, Plasma and Whole Blood
- ☐ AVWPR von Willebrand Disease Profile, Plasma

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 Profiles

- ☐ 2INHE Factor II Inhibitor Evaluation, Plasma
- ☐ 5INHE Factor V Inhibitor Evaluation, Plasma
- ☐ 7INHE Factor VII Inhibitor Evaluation, Plasma
- ☐ 8INHE Factor VIII Inhibitor Evaluation, Plasma
- ☐ 9INHE Factor IX Inhibitor Evaluation, Plasma
- ☐ 10INE Factor X Inhibitor Evaluation, Plasma
- ☐ 11INE Factor XI Inhibitor Evaluation, Plasma

Individual Tests

- ☐ APCRV Activated Protein C Resistance V (APCRV), Plasma
- ☐ ADAMS ADAMTS13 Activity Assay, Plasma
- ☐ A2PI 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, Serum
- ☐ PAI1 Plasminogen Activator Inhibitor Antigen, Plasma
- ☐ CFX Protein C Activity, Plasma
- ☐ PCAG Protein C Antigen, Plasma

- ☐ SFX Protein S Activity, Plasma
- ☐ PSTF Protein S Antigen, Plasma
- ☐ RTSC Reptilase Time, Plasma
- ☐ SRAU Serotonin Release Assay, Unfractionated Heparin, Mass Spectrometry, Serum
- ☐ TTSC Thrombin Time (Bovine), Plasma
- ☐ VWACT von Willebrand Factor Activity, Plasma
- ☐ VWAG von Willebrand Factor Antigen, Plasma
- ☐ VWFMS von Willebrand Factor Multimer Analysis, Plasma
- ☐ VWD8B von Willebrand Disease 2N (Subtype Normandy), Plasma

HEREDITARY THROMBOPHILIA

Profiles

- ☐ APCRR Activated Protein C Resistance V, with Reflex to Factor V Leiden, Blood and Plasma
- ☐ AATHR Thrombophilia Profile, Plasma and Whole Blood

Individual Tests

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

ACQUIRED THROMBOPHILIA

Profiles

- ☐ ALUPP Lupus Anticoagulant Profile, Plasma

Individual Tests

- ☐ B2GMG Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
- ☐ DRV11 Dilute Russell Viper Venom Time (DRVVT), with Reflex, Plasma
- ☐ HITIG Heparin-PF4 IgG Antibody (HIT), Serum
- ☐ CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum

BLEEDING DISORDERS

Profiles

- ☐ ALBLD Bleeding Diathesis Profile, Limited, Plasma
- ☐ APROL Prolonged Clot Time Profile, Plasma
- ☐ AVWPR von Willebrand Disease Profile, Plasma

Esoteric Platelet Testing

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

von Willebrand Disease

- ☐ AVWPR von Willebrand Disease Profile, Plasma
- ☐ VWACT von Willebrand Factor Activity, Plasma
- ☐ VWAG von Willebrand Factor Antigen, Plasma
- ☐ VWFMS von Willebrand Factor Multimer Analysis, Plasma

Individual Tests

- ☐ F8A Coagulation Factor VIII Activity Assay, Plasma
- ☐ F_9 Coagulation Factor IX Activity Assay, Plasma

Chromogenic Tests

- ☐ CHF8 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
- ☐ BIVAL Bivalirudin, Ecarin, Plasma
- ☐ EMICZ Emeticumab, Modified One Stage Assay Factor VIII, 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

THROMBOTIC MICROANGIOPATHY (TMA)

- ☐ ADM13 ADAMTS13 Activity and Inhibitor Profile, Plasma
- ☐ AHUSD Atypical Hemolytic Uremic Syndrome Complement Panel, Serum and Plasma
- ☐ ECMP Eculizumab Monitoring Panel, Serum
- ☐ ECULI Eculizumab, Serum
- ☐ RAVUM Ravulizumab Complement Blockage Monitoring, Serum
- ☐ RAVU Ravulizumab, Serum
- ☐ STFRP Shiga Toxin, Molecular Detection, PCR, Feces

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<input type="checkbox"/> GNPLT	Platelet Disorders, Comprehensive Gene Panel, Next-Generation Sequencing, Varies
<input type="checkbox"/> GNPFDP	Platelet Function Defect Gene Panel, Next-Generation Sequencing, Varies
<input type="checkbox"/> GNSPD	Platelet Storage Pool Deficiency Gene Panel, Next-Generation Sequencing, Varies
<input type="checkbox"/> GNPRC	Protein C Deficiency, <i>PROC</i> Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> GNPRS	Protein S Deficiency, <i>PROS1</i> Gene, Next-Generation Sequencing, Varies
<input type="checkbox"/> GNTHR	Thrombosis Disorders, Comprehensive Gene Panel, Next-Generation Sequencing, Varies
<input type="checkbox"/> GNWWD	von Willebrand Disease, <i>VWF</i> and <i>GP1BA</i> Genes, Next-Generation Sequencing, Varies

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