

## 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>
<b>Fill in only if Call Back is required.</b> 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](http://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 (required)

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		

<b>MML Internal Use Only</b>

### 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>	

### PLASMA, SERUM, WHOLE BLOOD

#### Plasma

- ACTH Adrenocorticotropic Hormone (ACTH), Plasma
- CMVQN Cytomegalovirus (CMV) DNA Detection and Quantification by Real-Time PCR, Plasma
- LUPPR Lupus Anticoagulant Profile
- PMET Metanephrines, Fractionated, Free, Plasma
- PLP Pyridoxal 5-Phosphate (PLP), Plasma
- PRA VASC Vascular Endothelial Growth Factor (VEGF), Plasma
- VASC Vascular Endothelial Growth Factor (VEGF), Plasma

#### Serum

- DHVD 1,25-Dihydroxyvitamin D, Serum
- OHPG 17-Hydroxyprogesterone, Serum
- 25HDN 25-Hydroxyvitamin D2 and D3, Serum
- ALS Aldolase, Serum
- ALDS Aldosterone, Serum
- AFP Alpha-Fetoprotein (AFP) Tumor Marker, Serum
- DHES Androstenedione, Serum
- ACE Angiotensin Converting Enzyme, Serum
- ENAE Antibody to Extractable Nuclear Antigen Evaluation, Serum
- AMH Antimullerian Hormone (AMH), Serum
- ANA2 Antinuclear Antibodies (ANA), Serum
- NAIFA Antinuclear Antibodies, HEp-2 Substrate, IgG, Serum
- B2GMG Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
- B2M Beta-2-Microglobulin (Beta-2-M), Serum
- C2729 Breast Carcinoma-Associated Antigen (CA 27.29), Serum
- CA19 Carbohydrate Antigen 19-9 (CA 19-9), Serum
- CDSP Celiac Disease Serology Cascade
- CERS Ceruloplasmin, Serum
- CGAK Chromogranin A, Serum
- COM Complement, Total, Serum
- CUS Copper, Serum
- CPR C-Peptide, Serum
- CCP Cyclic Citrullinated Peptide Antibodies, IgG, Serum
- ANCA Cytoplasmic Neutrophil Antibodies, Serum
- ADNA DNA Double-Stranded (dsDNA) Antibodies, IgG, Serum
- SPEP Electrophoresis, Protein, Serum
- EMA Endomysial Antibodies (IgA), Serum
- SEBV Epstein-Barr Virus (EBV) Antibody Profile, Serum
- EPO Erythropoietin (EPO), Serum
- GD65S Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
- HBC Hepatitis B Core Total Antibodies, Serum
- HBAB Hepatitis B Surface Antibody, Qualitative/Quantitative, Serum

- HBVQN Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum
- HCVDX Hepatitis C Antibody with Reflex to HCV RNA by PCR, Serum
- HCVQN Hepatitis C Virus (HCV) RNA Detection and Quantification by Real-Time Reverse Transcription-PCR (RT-PCR), Serum
- HSVG Herpes Simplex Virus (HSV) Type 1- and Type 2-Specific Antibodies, IgG, Serum
- HSV Herpes Simplex Virus (HSV) Type 1- and Type 2-Specific Antibodies, Serum
- HIVCO HIV-1 and HIV-2 Antigen and Antibody Evaluation, Serum
- IGGS IgG Subclasses, Serum
- IGE Immunoglobulin E (IgE), Serum
- FLCP Immunoglobulin Free Light Chains, Serum
- IGFMS Insulin-Like Growth Factor-1, LC-MS, Serum
- INS Insulin, Serum
- LAMO Lamotrigine, Serum
- LEVE Levetiracetam, Serum
- LYWB Lyme Disease Antibody, Immunoblot, Serum
- LYME Lyme Disease Serology, Serum
- ROPG Measles (Rubeola) Antibodies, IgG, Serum
- MMAS Methylmalonic Acid (MMA), Quantitative, Serum
- AMA Mitochondrial Antibodies (M2), Serum
- MPPG Mumps Virus Antibody, IgG, Serum
- PAVAL Paraneoplastic, Autoantibody Evaluation, Serum
- CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum
- PSAFT Prostate-Specific Antigen (PSA), Total and Free, Serum
- SPISO Protein Electrophoresis and Isotype, Serum
- SMA Smooth Muscle Antibodies, Serum
- PN23 Streptococcus pneumoniae IgG Antibodies, 23 Serotypes, Serum
- RT3 T3 (Triiodothyronine), Reverse, Serum
- TGRP Testosterone, Total and Free, Serum
- TTFB Testosterone, Total, Bioavailable, and Free, Serum
- TTST Testosterone, Total, Serum
- TGAB Thyroglobulin Antibody, Serum
- HTG2 Thyroglobulin, Tumor Marker, Serum
- TSI Thyroid-Stimulating Immunoglobulin (TSI), Serum
- TPO Thyroperoxidase (TPO) Antibodies, Serum
- THYRO Thyrotropin Receptor Antibody, Serum
- TTGA Tissue Transglutaminase (tTG) Antibody, IgA, Serum
- TRYPT Tryptase, Serum
- VZPG Varicella-Zoster Antibody, IgG, Serum
- VITA Vitamin A, Serum
- VITE Vitamin E, Serum
- ZNS Zinc, Serum

### Whole Blood

- HBELC Hemoglobin Electrophoresis Cascade, Blood
- LY27B HLA-B27, Blood
- PBDC Lead, Capillary, with Demographics, Blood
- PBDV Lead, Venous, with Demographics, Blood
- PLSD Lysosomal and Peroxisomal Storage Disorders Screen, Blood Spot
- QFT4 QuantiFERON-TB Gold Plus, Blood
- TAKRO Tacrolimus, Blood
- TDP Thiamine (Vitamin B1), Whole Blood

### FECES

- CALPR Calprotectin, Feces
- HP5A Helicobacter pylori Antigen, Feces
- OAP Parasitic Examination

### URINE

- AMPHU Amphetamines Confirmation, Urine
- BUPM Buprenorphine and Norbuprenorphine, Random, Urine
- THCU Carboxy-Tetrahydrocannabinol (THC) Confirmation, Urine
- OPATU Opiates Confirmation, Urine
- PNCSU Pain Clinic Survey, Urine

### MISCELLANEOUS

- CGRNA Chlamydia trachomatis and Neisseria gonorrhoeae by Nucleic Acid Amplification (GEN-PROBE)
- LHSV Herpes Simplex Virus (HSV), Molecular Detection, PCR
- HPV Human Papillomavirus (HPV) DNA Detection with Genotyping, High-Risk Types by PCR, ThinPrep
- CASA Kidney Stone Analysis
- PATHC Pathology Consultation

### ADDITIONAL TESTS (INDICATE TEST NUMBER AND NAME)