

MML Internal Use Only

Client Information (required)

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

Patient Information (required)

Patient ID (Medical Record No.)	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.

Submitting Provider/Provider Name Information (required)

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

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

Reason for Referral (required)

	ICD-10 Diagnosis Code
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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: 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.MayoMedicalLaboratories.com for the most up-to-date test and shipping information.

Patient Information (required)

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

General Collection and Processing Instructions

If questions, call the Renal Laboratory at 507-284-2525 and ask for a Technical Specialist.

Precise recording of collection times and urine volume is essential for this test.

Record all information in the spaces provided below.

- Record patient's height and weight.**
- UO – Initial preinjection urine sample.**
 - Collect urine before injection of Iothalamate
 - Aliquot 5 mL urine into one of the 10-mL urine containers
 - Record collection time (to the nearest minute) and record below.
 - Write "UO" on the urine container.
- Iothalamate Injection Time**
Record the injection time (to the nearest minute) and record below.
- UE – Equilibration urine collection**
 - Collect urine 60 minutes after the Iothalamate injection time.
 - Be sure the bladder is completely empty; minimum of 100 mL is optimal. Follow bladder scanning parameter instructions.
 - Record the collection time (to the nearest minute) and record below.
 - Quantitatively measure UE volume to the nearest mL and record below.
 - Aliquot 5 mL urine into the second 10-mL urine container.
 - Write "UE" on the urine container.
- P1 – Plasma**
 - Collect a sodium heparin blood within 5 minutes of collecting the UE. Important to use opposite arm of SQ injection.
 - Record the collection time (to the nearest minute) and indicate below.
 - Spin blood and aliquot 1-mL plasma into the tube provided.
 - Write "P1" on the vial.
- U1 – GFR testing urine collection.**
 - Collect urine 45 minutes after the UE collection.
 - Be sure the bladder is completely empty; minimum of 100 mL is optimal. Follow bladder scanning parameter instructions.
 - Quantitatively measure the U1 volume to the nearest milliliter.
 - Record the following information for the U1 collection below:
 - Collection Time (to the nearest minute)
 - Volume (to the nearest milliliter)
 - Collection Duration (to the nearest minute)
 - Aliquot 5 mL into the third 10-mL urine container.
 - Write "U1" on the urine container.
- P2 – Plasma**
 - Collect a sodium heparin blood within 5 minutes of collecting the U1. Important to use opposite arm of SQ injection.
 - Record the collection time (to the nearest minute) and record below.
 - Spin blood and aliquot 1-mL plasma into the tube provided.
 - Write "P2" on the vial.
- Indicate name and phone number of a person that can answer any questions MML may have regarding the collection of these specimens.

Packing Instructions

- Ensure that all specimens are labeled correctly.**
- Put the plasma and urine aliquots into the "Pink Refrigerated Specimen" transport bag.
- Insert a copy of the completed requisition form into outer pocket of transport bag.
- Store the specimens in the refrigerator until the specimens are shipped.
- Ship the specimens at refrigerate temperature.

Test NSRC / Iothalamate, Glomerular Filtration Rate

The following information must be provided before testing can be completed.

1. Patient Weight _____ kg (in kilograms)	Patient Height _____ cm (in centimeters)
2. Initial Urine Collection Time (UO) ____ : ____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	3. Iothalamate Injection Time ____ : ____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
4. Equilibration Urine (UE) Collection Time ____ : ____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. UE Collection Volume _____ mLs	5. Plasma (P1) Collection Time ____ : ____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. (Must be no longer than 5 minutes after UE Collection)
6. A. U1 GFR Testing Urine Collection Time ____ : ____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. B. U1 Collection Volume _____ mLs C. U1 Collection Duration _____ minutes Time Difference from Equilibration Urine (UE) to GFR testing Urine (U1)	7. Plasma (P2) Collection Time ____ : ____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. (Must be no longer than 5 minutes after U1 Collection)
8. Collection Facility Contact Name _____ Phone _____	