Complete and print.

Reset Form

MAYO CLINIC LABORATORIES

Neurology Specialty Testing
Client Test Request

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 *(Last, First)*

Fill in only if Call Back is required.

Phone (with area code)	Fax (with area code)
Provider's National I.D. (NPI)	

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

"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.

Patient Information (required)

Patient ID (Medical Record No.)		
Patient Name *(Last, First, Middle)*		
Sex ☐ Male ☐ Female	Birth Date *(mm-dd-yyyy)*	
Collection Date *(mm-dd-yyyy)*	Time ☐ am ☐ pm	
Street Address		
City	State	ZIP Code
Phone		

Reason for Testing (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

MCL Internal Use Only

Ship specimens to:
Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

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

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)

T732
MC0767-02Arev1121

Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name *(Last, First, Middle)*	Client Order No.
Birth Date *(mm-dd-yyyy)*	

ALZHEIMER'S DISEASE

- ☐ ADEVL — Alzheimer's Disease Evaluation, Spinal Fluid
- ☐ APOEG — Apolipoprotein E Genotyping, Blood

AUTOIMMUNE CNS AND PARANEOPLASTIC DISORDERS

- ☐ ENS2 — Encephalopathy, Autoimmune Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
- ☐ ENC2 — Encephalopathy, Autoimmune Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
- ☐ K11CS — Kelch-Like Protein 11 Antibody, Cell Binding Assay, Serum
- ☐ K11CC — Kelch-Like Protein 11 Antibody, Cell Binding Assay, Spinal Fluid
- ☐ PAVAL — Paraneoplastic, Autoantibody Evaluation, Serum (VGKC, VGCC-P/Q, AChR Ganglionic, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)
- ☐ PAC1 — Paraneoplastic, Autoantibody Evaluation, Spinal Fluid (PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)
- ☐ GD65S — Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
- ☐ GD65C — Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Spinal Fluid

Pediatric CNS Disorders

- ☐ PCDEC — Pediatric Autoimmune Central Nervous System Disorders Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, GABA, AQP4, DPPX, MGluR1, PCA-Tr, ANNA-1, GAD65, GFAP)
- ☐ PCDES — Pediatric Autoimmune Central Nervous System Disorders Evaluation, Serum (NMDA, LGI1, CASPR2, GABA, AQP4, MOG, DPPX, MGluR1, PCA-Tr, ANNA-1, GAD65, GFAP)

AUTOIMMUNE VISION LOSS

- ☐ PVLE — Paraneoplastic Vision Loss Evaluation, Serum (RCVBS, CRMS)
- ☐ RCVBS — Recoverin-IgG Antibody by Immunoblot, Serum

DEMENTIA

Autoimmune Dementia

- ☐ DMS2 — Dementia, Autoimmune Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
- ☐ DMC2 — Dementia, Autoimmune Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)

Creutzfeld Jakob Disease

- ☐ NSESF — Neuron-Specific Enolase (NSE), Spinal Fluid

Frontotemporal Dementia

- ☐ C9ORF — C9orf72 Hexanucleotide Repeat, Molecular Analysis
- ☐ MAPTZ — MAPT Gene, Sequence Analysis, 7 Exon Screening Panel
- ☐ GRNZ — Progranulin Gene (GRN), Full Gene Analysis

DEMYELINATING DISEASE

- ☐ CDS1 — CNS Demyelinating Disease Evaluation, Serum (AQP4, MOG)
- ☐ NMOFS — Neuromyelitis Optica (NMO)/ Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
- ☐ MOGFS — Myelin Oligodendrocyte Glycoprotein (MOG-IgG1) Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
- ☐ KCSF — Immunoglobulin Kappa Free Light Chain, Spinal Fluid
- ☐ MSP3 — Multiple Sclerosis (MS) Profile, Serum and Spinal Fluid

DEVELOPMENTAL DELAY

- ☐ CMACB — Chromosomal Microarray, Congenital, Blood
- ☐ FXS — Fragile X Syndrome, Molecular Analysis
- ☐ PWAS — Prader-Willi/Angelman Syndrome, Molecular Analysis
- ☐ MECPZ — MECP2 Gene, Full Gene Analysis

DYSAUTONOMIA

- ☐ DYS2 — Autoimmune Dysautonomia Evaluation, Serum (LGI1, CASPR2, DPPX, AChR Ganglionic, ANNA-1, PCA-2, CRMP-5)

EPILEPSY

Autoimmune Epilepsy

- ☐ EPS2 — Epilepsy, Autoimmune Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP)
- ☐ EPC2 — Epilepsy, Autoimmune Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP)

Hereditary Epilepsy

- ☐ ESPAN — Epilepsy/Seizure Genetic Panels by Next-Generation Sequencing (NGS)

Select one subpanel from the list below.

- ☐ Custom Gene Panel
  - Custom ID _____
- ☐ Early Epileptic Encephalopathy Panel (90 genes)
- ☐ Encephalopathy with Seizures Panel (129 genes)
- ☐ Epilepsy with Migraine Panel (7 genes)
- ☐ Epilepsy Expanded Panel (192 genes)
- ☐ Febrile Seizure Panel (9 genes)
- ☐ Focal Epilepsy Panel (16 genes)
- ☐ Infantile Spasms Panel (17 genes)
- ☐ Neuronal Migration Disorders Panel (29 genes)
- ☐ Progressive Myoclonic Epilepsy Panel (27 genes)
- ☐ Tuberous Sclerosis Panel (2 Genes)

FOLLOW-UP TESTING - NEUROIMMUNOLOGY

- ☐ PNEFS — Neuroimmunology Antibody Follow-up, Serum
  - Specify Antibody _____
- ☐ PNEFC — Neuroimmunology Antibody Follow-up, Spinal Fluid
  - Specify Antibody _____

MENINGITIS

- ☐ CSFME — Meningitis/Encephalitis Pathogen Panel, PCR, Spinal Fluid

HEREDITARY HEARING LOSS

- ☐ HHLP — AudioloGene Hereditary Hearing Loss Panel, Varies

Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name *(Last, First, Middle)*	Client Order No.
Birth Date *(mm-dd-yyyy)*	

MITOCHONDRIAL DISORDERS

- ☐ GDF15 Growth Differentiation Factor 15, Plasma
- ☐ MITOP Mitochondrial Full Genome Analysis by Next-Generation Sequencing (NGS)
- ☐ MITON Mitochondrial Nuclear Gene Panel by Next-Generation Sequencing (NGS)
- ☐ MITOT Combined Mitochondrial Analysis, Mitochondrial Full Genome and Nuclear Gene Panel

MOVEMENT DISORDERS

Autoimmune Movement Disorders

- ☐ GD65S Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
- ☐ GD65C Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Spinal Fluid
- ☐ GLYCS Glycine Receptor Alpha1 IgG, Cell Binding Assay, Serum
- ☐ GLYCC Glycine Receptor Alpha1 IgG, Cell Binding Assay, Spinal Fluid
- ☐ K11CS Kelch-Like Protein 11 Antibody, Cell Binding Assay, Serum
- ☐ K11CC Kelch-Like Protein 11 Antibody, Cell Binding Assay, Spinal Fluid
- ☐ MDS2 Movement Disorder, Autoimmune Evaluation, Serum (NMDA, LGI1, CASPR2, DPPX, MGluR1, VGCC-P/Q, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GRAF1, ITPR1, NIF)
- ☐ MDC2 Movement Disorder, Autoimmune Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, DPPX, MGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GRAF1, ITPR1, NIF)

Hereditary Movement Disorders

- ☐ DRPL Dentatorubral-Pallidoluysian Atrophy (DRPLA) Gene Analysis
- ☐ FFRWB Friedreich Ataxia, Frataxin, Quantitative, Whole Blood
- ☐ HAD Huntington Disease, Molecular Analysis
- ☐ SCAP Spinocerebellar Ataxia Repeat Expansion Panel
- ☐ SCARA Spinocerebellar Ataxia Type 1, 2, 3, 6, or 7, Repeat Expansion Analysis

MYASTHENIA GRAVIS

- ☐ MGMR Myasthenia Gravis Evaluation with Muscle-Specific Kinase (MuSK) Reflex, Serum
- ☐ MGLE Myasthenia Gravis/Lambert-Eaton Myasthenic Syndrome Evaluation, Serum

Stand-Alone Antibodies

- ☐ ARBI Acetylcholine Receptor (Muscle AChR) Binding Antibody, Serum
- ☐ MUSK Muscle-Specific Kinase (MuSK) Autoantibody, Serum

MYELOPATHY

- ☐ MAS1 Autoimmune Myelopathy Evaluation, Serum (AQP4, MOG, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
- ☐ MAC1 Autoimmune Myelopathy Evaluation, Spinal Fluid (AQP4, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)

NEUROMUSCULAR

Autoimmune Neuromuscular

Myopathy

- ☐ NMS1 Necrotizing Myopathy Evaluation, Serum (HMGCR, SRP)

Multifocal Motor Neuropathy

- ☐ GM1B Ganglioside Antibody Panel, Serum (Monosialo GM1, IgG; Monosialo GM1, IgM; Asialo GM1, IgG; Asialo GM1, IgM; GD1b, IgG; GD1b, IgM)

Sensory and Motor Neuropathy

- ☐ AIAES Autoimmune Axonal Evaluation, Serum (LGI1, CASPR2, ANNA-1, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)
- ☐ MAGES Myelin Associated Glycoproteins (MAG) Autoantibodies (IgM), Serum
- ☐ NF4FS Neurofascin-155 IgG4, Flow Cytometry, Serum

Hereditary Neuromuscular

Neuromuscular Disorders

- ☐ NMPAN Neuromuscular Genetic Panels by Next-Generation Sequencing (NGS)

Select one subpanel from the list below.

- ☐ Custom Gene Panel

  Custom ID _____

Distal Myopathy + Peripheral Neuropathy

- ☐ Distal Weakness Expanded Panel (217 genes)

Myopathies

- ☐ Myopathy Expanded Panel (141 genes)
- ☐ Muscular Dystrophy Panel (77 genes)
- ☐ Congenital Myopathy Panel (36 genes)
- ☐ Metabolic Myopathy Panel (41 genes)
- ☐ Myofibrillar Myopathy Panel (12 genes)
- ☐ Distal Myopathy Panel (27 genes)
- ☐ Emery-Dreifuss Panel (5 genes)
- ☐ Rhabdomyolysis and Myopathy Panel (31 genes)

Motor Neuron Disease

- ☐ Motor Neuron Disease Panel (17 genes)

Neuromuscular Junction

- ☐ Congenital Myasthenic Syndromes Panel (25 genes)

Hyperexcitable Muscle Disease

- ☐ Skeletal Muscle Channelopathy Panel (6 genes)
- ☐ DBMD Duchenne/Becker Muscular Dystrophy, DMD Gene, Large Deletion/Duplication Analysis
- ☐ SMNDX Spinal Muscular Atrophy Diagnostic Assay, Deletion/Duplication Analysis
- ☐ SBULB Spinal Muscular Atrophy (Kennedy Disease), Molecular Analysis

NEUROPATHY

Autoimmune Neuropathy

- ☐ AIAES Autoimmune Axonal Evaluation, Serum (LGI1, CASPR2, ANNA-1, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)

Hereditary Peripheral Neuropathy

- ☐ PMPDD *PMP22* Gene, Large Deletion/Duplication Analysis
- ☐ NPPAN Peripheral Neuropathy Genetic Panels by Next-Generation Sequencing (NGS), Blood

Select one subpanel from the list below.

- ☐ Custom Gene Panel

  Custom ID _____

- ☐ Hereditary Motor Neuropathy Panel (23 genes)
- ☐ Hereditary Sensory Neuropathy Panel (18 genes)
- ☐ Metabolic or Syndromic Neuropathies (74 genes)
- ☐ Motor and Sensory Neuropathy Panel (82 genes)
- ☐ Peripheral Neuropathy Expanded Panel (193 genes)
- ☐ SEPT9 Gene, Full Gene Analysis (1 gene)
- ☐ Spastic Paraplegia Neuropathy Panel (41 genes)

Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name *(Last, First, Middle)*	Client Order No.
Birth Date *(mm-dd-yyyy)*	

SLEEP DISORDERS

☐	ORXNA	Orexin-A/Hypocretin-1, Spinal Fluid

THERAPEUTIC TESTING / DRUG MONITORING

Antiepileptic Drugs

☐	AMOBS	Amobarbital, Serum
☐	CARTA	Carbamazepine, Total, Serum
☐	CDP	Chlordiazepoxide and Metabolite, Serum
☐	DIA	Diazepam and Nordiazepam, Serum
☐	ETX	Ethosuximide, Serum
☐	FELBA	Felbamate (Felbatol), Serum
☐	GABA	Gabapentin, Serum
☐	LACO	Lacosamide, Serum
☐	LAMO	Lamotrigine, Serum
☐	LEVE	Levetiracetam, Serum
☐	OMHC	Oxcarbazepine Metabolite, Serum
☐	PBR	Phenobarbital, Serum
☐	PNYA	Phenytoin, Total, Serum
☐	PRMB	Primidone and Phenobarbital, Serum
☐	SECOS	Secobarbital, Serum
☐	TOPI	Topiramate, Serum
☐	VALPA	Valproic Acid, Total, Serum
☐	ZONI	Zonisamide, Serum

Pharmacogenomics

☐	PGXQP	Focused Pharmacogenomics Panel (CYP1A2, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, SLCO1B1, VKORC1, CYP4F2, and rs12777823)
☐	CARBR	Carbamazepine Hypersensitivity Pharmacogenomics, Varies
☐	COMTQ	Catechol-O-Methyltransferase (COMT) Genotype
☐	1A2Q	Cytochrome P450 1A2 Genotype
☐	2C19R	Cytochrome P450 2C19 Genotype
☐	2C9QT	Cytochrome P450 2C9 Genotype
☐	2D6Q	Cytochrome P450 2D6 Comprehensive Cascade
☐	3A4Q	Cytochrome P450 3A4 Genotype
☐	3A5Q	Cytochrome P450 3A5 Genotype
☐	TPNUQ	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping
☐	WARSQ	Warfarin Response Genotype

ADDITIONAL TESTS (INDICATE TEST NUMBER AND NAME)

Print