

Pharmacogenomics Test Request Form

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 (Last, First)
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.

Note: It is the client's responsibility to maintain documentation of the order.

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.

Patient Information (required)

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

MML Internal Use Only

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.

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>	

For a current list of drug-gene associations, please visit: www.mayomedicallaboratories.com/it-mmfiles/Pharmacogenomic_Associations_Tables.pdf

GENERAL PANELS	
<input type="checkbox"/> PGXFP	Focused Pharmacogenomics Panel

TARGETED PANELS	
<input type="checkbox"/> CARPB	Carbamazepine Hypersensitivity Pharmacogenomics, Blood
<input type="checkbox"/> CARPO	Carbamazepine Hypersensitivity Pharmacogenomics, Saliva
<input type="checkbox"/> TPNUV	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping
<input type="checkbox"/> WARSV	Warfarin Response Genotype

SINGLE GENE TESTS	
<input type="checkbox"/> COMTV	Catechol-O-Methyltransferase (COMT) Genotype
<input type="checkbox"/> 1A2V	Cytochrome P450 1A2 Genotype
<input type="checkbox"/> 2C19V	Cytochrome P450 2C19 Genotype
<input type="checkbox"/> 2C9GV	Cytochrome P450 2C9 Genotype
<input type="checkbox"/> 2D6CV	Cytochrome P450 2D6 (CYP2D6) Comprehensive Cascade
<input type="checkbox"/> 3A4V	Cytochrome P450 3A4 Genotype
<input type="checkbox"/> 3A5V	CYP3A5 Genotype
<input type="checkbox"/> DPYDG	Dihydropyrimidine Dehydrogenase (DPYD) Full Gene Sequencing
<input type="checkbox"/> DPYDV	Dihydropyrimidine Dehydrogenase (DPYD) Genotype
<input type="checkbox"/> DRD3	Dopamine Receptor D3 Genotype
<input type="checkbox"/> DRD30	Dopamine Receptor D3 Genotype, Saliva
<input type="checkbox"/> DRD4	Dopamine Receptor D4 Genotype (DRD4), Blood
<input type="checkbox"/> DRD40	Dopamine Receptor D4 Genotype (DRD4), Saliva
<input type="checkbox"/> G6PDB	Glucose-6-Phosphate Dehydrogenase (G6PD) Full Gene Sequencing
<input type="checkbox"/> HLA57	HLA-B 5701 Genotype, Abacavir Hypersensitivity, Blood
<input type="checkbox"/> HL570	HLA-B 5701 Genotype, Abacavir Hypersensitivity, Saliva

<input type="checkbox"/> HLA58	HLA-B*5801 Genotype, Allopurinol Hypersensitivity, Blood
<input type="checkbox"/> HL580	HLA-B*5801 Genotype, Allopurinol Hypersensitivity, Saliva
<input type="checkbox"/> IL28V	Interleukin 28B (IL28B) Variant (rs12979860)
<input type="checkbox"/> NAT2	N-Acetyltransferase 2 Gene (NAT2), Full Gene Sequence
<input type="checkbox"/> NAT20	N-Acetyltransferase 2 Gene (NAT2), Full Gene Sequence, Saliva
<input type="checkbox"/> OPRM1	Opioid Receptor, Mu 1 (OPRM1) Genotype for Naltrexone Efficacy
<input type="checkbox"/> OPRM0	Opioid Receptor, Mu 1 (OPRM1) Genotype for Naltrexone Efficacy, Saliva
<input type="checkbox"/> HTR2V	Serotonin Receptor Genotype (HTR2A and HTR2C)
<input type="checkbox"/> HTT	Serotonin Transporter Genotype, Blood
<input type="checkbox"/> HTT0	Serotonin Transporter Genotype, Saliva
<input type="checkbox"/> SLC1V	Solute Carrier Organic Anion Transporter Family Member 1B1 (SLC01B1) Genotype, Statin
<input type="checkbox"/> UGT1	UDP-Glucuronosyl Transferase 1A1 (UGT1A1), Full Gene Sequencing, Irinotecan Hypersensitivity
<input type="checkbox"/> UGT10	UDP-Glucuronosyl Transferase 1A1 (UGT1A1), Full Gene Sequencing, Irinotecan Hypersensitivity, Saliva
<input type="checkbox"/> U1A1V	UDP-Glucuronosyl Transferase 1A1 TA Repeat Genotype, UGT1A1