

### 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 <small>(Last, First)</small>
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#### 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.*

### 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**

"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
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**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 55901

**Customer Service: 855-516-8404**

Visit [www.mayocliniclabs.com](http://www.mayocliniclabs.com) for the most up-to-date test and shipping information.

### Patient Information (required)

Patient ID <small>(Medical Record No.)</small>		
Patient Name <small>(Last, First, Middle)</small>		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <small>(Month DD, YYYY)</small>	
Collection Date <small>(Month DD, YYYY)</small>	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 <small>(if different than patient)</small>		
Patient Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other _____		
Medicare HIC Number <small>(if applicable)</small>		
Medicaid Number <small>(if applicable)</small>		
Insurance Company's Name <small>(if applicable)</small>		
Insurance Company's Street Address		
City	State	ZIP Code
Policy Number		
Group Number		

<b>MCL Internal Use Only</b>
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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)

## Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name (Last, First, Middle)	Client Order No.
Birth Date (Month DD, YYYY)	

### PLASMA, SERUM, WHOLE BLOOD

#### Plasma

- ACTH Adrenocorticotropic Hormone, Plasma
- QBK BK Virus, Molecular Detection, Quantitative, PCR, Plasma
- CMVQN Cytomegalovirus (CMV) DNA Detection and Quantification by Real-Time PCR, Plasma
- EBVQU Epstein-Barr Virus DNA Detection and Quantification, Plasma
- HVCOP HIV-1 and HIV-2 Antigen and Antibody Routine Screen, Plasma
- HIVQN HIV-1 RNA Detection and Quantification, Plasma
- IL6 Interleukin 6, Plasma
- PMET Metanephrines, Fractionated, Free, Plasma
- PLP Pyridoxal 5-Phosphate (PLP), Plasma
- PRA Renin Activity, Plasma

#### Serum

- DHVD 1,25-Dihydroxyvitamin D, Serum
- SFUNG 1,3-Beta-D-Glucan (Fungitell), 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
- MAFP1 Alpha-Fetoprotein (AFP), Single Marker Screen, Maternal, Serum
- ACE Angiotensin Converting Enzyme, Serum
- ENAE Antibody to Extractable Nuclear Antigen Evaluation, Serum
- VASC Antineutrophil Cytoplasmic Antibodies Vasculitis Panel, Serum
- ANA2 Antinuclear Antibodies (ANA), Serum
- NAIFA Antinuclear Antibodies, HEp-2 Substrate, IgG, Serum
- ASPAG Aspergillus (Galactomannan) Antigen, Serum
- B2M Beta-2-Microglobulin, Serum
- C2729 Breast Carcinoma-Associated Antigen, Serum
- CA19 Carbohydrate Antigen 19-9 (CA 19-9), Serum
- CDSP Celiac Disease Serology Cascade, Serum
- CERS Ceruloplasmin, Serum
- CGAK Chromogranin A, Serum
- CTDC Connective Tissue Diseases Cascade, Serum
- CUS Copper, Serum
- CPR C-Peptide, Serum
- CCP Cyclic Citrullinated Peptide Antibodies, IgG, Serum
- ANCA Cytoplasmic Neutrophil Antibodies, Serum
- DHES1 Dehydroepiandrosterone Sulfate, Serum
- ADNA DNA Double-Stranded Antibodies, IgG, Serum
- PEL Electrophoresis, Protein, Serum
- SEBV Epstein-Barr Virus (EBV) Antibody Profile, Serum
- EPO Erythropoietin, Serum
- FIBRO FibroTest-ActiTest, Serum

- GD65S Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
- HAIGG Hepatitis A IgG Antibody, Serum
- HBAB Hepatitis B Surface Antibody, Qualitative/Quantitative, Serum
- HBVQN Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time 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
- IGGG IgG Subclasses, Serum
- IGE Immunoglobulin E (IgE), Serum
- FLCP Immunoglobulin Free Light Chains, Serum
- IGFMS Insulin-Like Growth Factor-1, LC-MS, Serum
- LAMO Lamotrigine, Serum
- LEVE Levetiracetam, Serum
- LYME Lyme Disease Serology, Serum
- MMAS Methylmalonic Acid, Quantitative, Serum
- AMA Mitochondrial Antibodies (M2), Serum
- MPSS Monoclonal Protein Study, Serum
- PAVAL Paraneoplastic, Autoantibody Evaluation, Serum
- CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum
- PSAFT Prostate-Specific Antigen (PSA), Total and Free, Serum
- QUAD1 Quad Screen (Second Trimester) Maternal, Serum
- VCOV2 Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) IgG Antibody, Serum
- CVNFS Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Neutralizing Antibody, Follow up, Serum
- SMA Smooth Muscle Antibodies, Serum
- PN23 Streptococcus pneumoniae IgG Antibodies, 23 Serotypes, Serum
- SYPHT Syphilis Total Antibody with Reflex, Serum
- TGRP Testosterone, Total and Free, Serum
- TTST Testosterone, Total by Mass Spectrometry, Serum
- TGAB Thyroglobulin Antibody, Serum
- HTG2 Thyroglobulin, Tumor Marker, Serum
- TSI Thyroid-Stimulating Immunoglobulin, Serum
- TPO Thyroperoxidase Antibodies, Serum
- THYRO Thyrotropin Receptor Antibody, Serum
- TTGA Tissue Transglutaminase 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
- LDALD Lysosomal and Peroxisomal Disorders Newborn Screen, Blood Spot
- QFT4 QuantiFERON-TB Gold Plus, Blood
- TAKRO Tacrolimus, Blood
- TDP Thiamine (Vitamin B1), Whole Blood

### FECES

- CALPR Calprotectin, Feces
- OAP Ova and Parasite, Concentrate and Permanent Smear, Microscopy, Feces

### URINE

- THCU Carboxy-Tetrahydrocannabinol (THC) Confirmation, Random, Urine
- CTJAF Creatinine, Jaffe Method, Random, Urine
- UHIST Histoplasma Antigen, Urine

### MISCELLANEOUS

- HERPV Helicobacter pylori Breath Test
- HPV Human Papillomavirus (HPV) DNA Detection with Genotyping, High-Risk Types by PCR, ThinPrep, Varies
- KIDST Kidney Stone Analysis
- CTB Mycobacteria and Nocardia Culture, Varies
- PATHC Pathology Consultation
- SCOV2 Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV-2), Molecular Detection, Varies
- COVID Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) RNA Detection, Varies
- SARS2 Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) RNA, Varies

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