

## 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.

## Clinical Information

<input type="checkbox"/> Native biopsy or <input type="checkbox"/> Allograft biopsy: Transplant date <i>(Month DD, YYYY)</i> _____ Original disease: _____
<b>Indications:</b> <input type="checkbox"/> Hematuria <input type="checkbox"/> Acute renal failure <input type="checkbox"/> Hypertension <input type="checkbox"/> Systemic lupus <input type="checkbox"/> Proteinuria <input type="checkbox"/> Family history <input type="checkbox"/> Diabetes <input type="checkbox"/> Other (specify): _____

## 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	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

## Ethnicity

<input type="checkbox"/> European/Caucasian	<input type="checkbox"/> African American
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian
<input type="checkbox"/> Other _____	

## Pathologist's Name (required)

Submitting/Referring Pathologist <i>(Last, First)</i>
Phone (    ) _____ - _____ Fax* (    ) _____ - _____

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

## MML Internal Use Only

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### Ship specimens to:

Mayo Clinic Laboratories  
3050 Superior Drive NW  
Rochester, MN 55901

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

Visit [www.MayoClinicLaboratories.com](http://www.MayoClinicLaboratories.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)

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### RENAL PATHOLOGY

#### Medical Renal Disease and Renal Transplant Monitoring

- RPCWT Renal Pathology Consultation, Wet Tissue  
RPCWT includes diagnostic interpretation of a medical kidney biopsy by integrating light microscopy, immunofluorescence, and electron microscopy findings together with clinical and laboratory data for the patient.

#### Renal Pathology Tests Available to Order Individually

- ALPRT Alport (Collagen IV Alpha 5 and Alpha 2) Immunofluorescent Stain, Renal Biopsy
- AMPIP Amyloid Protein Identification, Paraffin, LC-MS/MS
- DNJB9 DNAJB9 Immunostain, Technical Component Only
- MSFGN Fibrillary Glomerulonephritis Confirmation, LC-MS/MS, Paraffin Tissue
- SUBIF Immunoglobulin G (IgG) Subtypes Immunofluorescence, Tissue
- IGG4I IgG4 Immunostain, Technical Component Only
- PLAIF Phospholipase A2 Receptor (PLA2R), Renal Biopsy

Note: As required, these tests are performed with RPCWT.

### KIDNEY FUNCTION / DIALYSIS / TRANSPLANT MONITORING

#### Dialysis Monitoring

- AL Aluminum, Serum
- UEBF Blood Urea Nitrogen, Body Fluid
- GDCRU Gadolinium/Creatinine Ratio, Random, Urine
- DOXA1 Oxalate Analysis, Hemodialysate
- POXA1 Oxalate, Plasma

#### Transplant Monitoring

- 25HDN 25-Hydroxyvitamin D2 and D3, Serum
- ALB24 Albumin, 24 Hour, Urine
- ALBR Albumin, Random, Urine
- HCO3 Bicarbonate, Serum
- QBK BK Virus, Molecular Detection, Quantitative, PCR, Plasma
- LCBKP BK Virus, Molecular Detection, PCR, Plasma
- LCBK BK Virus, Molecular Detection, PCR, Random, Urine
- QBKU BK Virus, Molecular Detection, Quantitative, PCR, Urine

- BUN Blood Urea Nitrogen (BUN), Serum
- CAI Calcium, Ionized, Serum
- CA Calcium, Total, Serum
- CBC Complete Blood Count (CBC) with Differential, Blood
- CRCL Creatinine Clearance, Serum and 24-Hour Urine
- CRTS1 Creatinine with Estimated GFR (CKD-EPI), Serum
- CTU Creatinine, 24 Hour, Urine
- CRBF Creatinine, Body Fluid
- RCTUR Creatinine, Random, Urine
- CYSPR Cyclosporine, Blood
- CYCPK Cyclosporine, Peak, Blood
- CYSTC Cystatin C with Estimated GFR, Serum
- CMVQN Cytomegalovirus (CMV) DNA Detection and Quantification by Real-Time PCR, Plasma
- ELPSR Electrolyte Panel, Serum
- EBVQU Epstein-Barr Virus DNA Detection and Quantification, Plasma
- EVROL Everolimus, Blood
- MPA Mycophenolic Acid, Serum
- PTH Parathyroid Hormone (PTH) Immunostain, Technical Component Only
- PHOS Phosphorus (Inorganic), Serum
- KS Potassium, Serum
- PTU Protein, Total, 24 Hour, Urine
- RPTU Protein:Creatinine Ratio, Random, Urine
- RFAMA Renal Function Panel, Serum
- SIRO Sirolimus, Whole Blood
- TAKRO Tacrolimus, Blood

#### Kidney Function / Monitoring

- DHVD 1,25-Dihydroxyvitamin D, Serum
- 25HDN 25-Hydroxyvitamin D2 and D3, Serum
- ALB24 Albumin, 24 Hour, Urine
- ALBR Albumin, Random, Urine
- RA1M Alpha-1-Microglobulin, Random, Urine
- HCO3 Bicarbonate, Serum
- BUN Blood Urea Nitrogen (BUN), Serum
- CLU Chloride, 24 Hour, Urine
- RCHLU Chloride, Random, Urine
- CL Chloride, Serum
- CRCL Creatinine Clearance, Serum and 24-Hour Urine
- CRTS1 Creatinine with Estimated GFR (CKD-EPI), Serum

- CTU Creatinine, 24 Hour, Urine
- CRBF Creatinine, Body Fluid
- RCTUR Creatinine, Random, Urine
- CYSTC Cystatin C with Estimated GFR, Serum
- EFPO Electrolyte and Osmolality Panel, Feces
- EOSU Eosinophils, Random, Urine
- HEXP Iohexol, Plasma
- HEXU Iohexol, Timed Collection, Urine
- NSRC Iothalamate, Glomerular Filtration Rate, Plasma and Urine
- UOSMS Osmolality, Serum
- UOSMU Osmolality, Random, Urine
- PHOS Phosphorus (Inorganic), Serum
- 12PTU Protein, Total, 12 Hour, Urine
- PTU Protein, Total, 24 Hour, Urine
- TPBF Protein, Total, Body Fluid
- TP Protein, Total, Serum
- TPSF Protein, Total, Spinal Fluid
- RPTU Protein:Creatinine Ratio, Random, Urine
- RFAMA Renal Function Panel, Serum
- RBP24 Retinol-Binding Protein, 24 Hour, Urine
- RRBP Retinol-Binding Protein, Random, Urine
- SGU Specific Gravity, Random, Urine
- URAU Urea, 24 Hour, Urine
- RURAU Urea, Random, Urine
- RURCU Uric Acid, Random, Urine
- URIC Uric Acid, Serum

### HEREDITARY RENAL DISORDERS

#### Single Gene and Multi-Gene Panel Tests

- AGXTZ AGXT Gene, Full Gene Analysis, Varies
- APO1Z Apolipoprotein A-I (APOA1) Gene, Full Gene Analysis, Varies
- APO2Z Apolipoprotein A-II (APOA2) Gene, Full Gene Analysis, Varies
- ARPKZ Autosomal Recessive Polycystic Kidney Disease (ARPKD), Full Gene Analysis, Varies
- AHUSP Complement-Mediated Atypical Hemolytic-Uremic Syndrome (aHUS)/ Thrombotic Microangiopathy (TMA) Gene Panel, Varies
- GSNZ Gelsolin (GSN) Gene, Full Gene Analysis, Varies
- GRHPZ GRHPR Gene, Full Gene Analysis, Varies
- LYZZ Lysozyme (LYZ) Gene, Full Gene Analysis, Varies
- ATTRZ TTR Gene, Full Gene Analysis, Varies

Note: Known Variant Testing Also Available - Please call to order.

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Birth Date <i>(Month DD, YYYY)</i>	

ADDITIONAL RENAL DISEASE TESTING		
<p><b>Amyloidosis</b></p> <p><input type="checkbox"/> APO1Z Apolipoprotein A-I (APOA1) Gene, Full Gene Analysis, Varies</p> <p><input type="checkbox"/> APO2Z Apolipoprotein A-II (APOA2) Gene, Full Gene Analysis, Varies</p> <p><input type="checkbox"/> GSNZ Gelsolin (GSN) Gene, Full Gene Analysis</p> <p><input type="checkbox"/> LYZZ Lysozyme (LYZ) Gene, Full Gene Analysis, Varies</p> <p><input type="checkbox"/> ATTRZ TTR Gene, Full Gene Analysis, Varies</p> <p><b>Glomerular Disease - Nephritic</b></p> <p><input type="checkbox"/> ALB24 Albumin, 24 Hour, Urine</p> <p><input type="checkbox"/> RA1M Alpha-1-Microglobulin, Random, Urine</p> <p><input type="checkbox"/> VASC Antineutrophil Cytoplasmic Antibodies Vasculitis Panel, Serum</p> <p>Note: Includes MPO and PR3 with reflex to ANCA if positive.</p> <p><input type="checkbox"/> ANA2 Antinuclear Antibodies (ANA), Serum</p> <p><input type="checkbox"/> C3 Complement C3, Serum</p> <p><input type="checkbox"/> C4 Complement C4, Serum</p> <p><input type="checkbox"/> CRY_S Cryoglobulin, Serum</p> <p><input type="checkbox"/> ANCA Cytoplasmic Neutrophil Antibodies, Serum</p> <p><input type="checkbox"/> GBM Glomerular Basement Membrane Antibodies, IgG, Serum</p> <p><input type="checkbox"/> MPO Myeloperoxidase Antibodies, IgG, Serum</p> <p><input type="checkbox"/> CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum</p> <p><input type="checkbox"/> PTU Protein, Total, 24 Hour, Urine</p> <p><input type="checkbox"/> PR3 Proteinase 3 Antibodies, IgG, Serum</p> <p><input type="checkbox"/> RHUT Rheumatoid Factor, Serum</p> <p><b>Glomerular Disease – Nephrotic</b></p> <p><input type="checkbox"/> ALB24 Albumin, 24 Hour, Urine</p> <p><input type="checkbox"/> RA1M Alpha-1-Microglobulin, Random, Urine</p> <p><input type="checkbox"/> EPU Electrophoresis, Protein, 24 Hour, Urine</p> <p><input type="checkbox"/> PEL Electrophoresis, Protein, Serum</p> <p><input type="checkbox"/> IMFXO Immunofixation Only, Serum</p> <p><input type="checkbox"/> MMOGA Monoclonal Gammopathy Monitoring, Serum</p> <p><input type="checkbox"/> SMOGA Monoclonal Gammopathy Screen, Serum</p> <p><input type="checkbox"/> MPSU Monoclonal Protein Study, 24 Hour, Urine</p> <p><input type="checkbox"/> MPSEX Monoclonal Protein Study, Expanded Panel, Serum</p> <p><input type="checkbox"/> RMPSU Monoclonal Protein Study, Random, Urine</p> <p><input type="checkbox"/> MPSS Monoclonal Protein Study, Serum</p> <p><input type="checkbox"/> OPTU Orthostatic Protein, Timed Collection, Urine</p> <p><input type="checkbox"/> PLA2R Phospholipase A2 Receptor Antibodies, Serum</p> <p><input type="checkbox"/> PA2RE Phospholipase A2 Receptor Enzyme-Linked Immunosorbent Assay, Serum</p>	<p><input type="checkbox"/> PA2RI Phospholipase A2 Receptor Indirect Immunofluorescence Assay, Serum</p> <p><input type="checkbox"/> SPISO Protein Electrophoresis and Isotype, Serum</p> <p><input type="checkbox"/> PTU Protein, Total, 24 Hour, Urine</p> <p><input type="checkbox"/> THSD7 Thrombospondin Type-1 Domain-Containing 7A Antibodies, Serum</p> <p><b>Hyperoxaluria</b></p> <p><input type="checkbox"/> AGXTZ AGXT Gene, Full Gene Analysis, Varies</p> <p><input type="checkbox"/> GRHPZ GRHPR Gene, Full Gene Analysis, Varies</p> <p><input type="checkbox"/> HYOX Hyperoxaluria Panel, Urine</p> <p><input type="checkbox"/> DOXA1 Oxalate Analysis, Hemodialysate</p> <p><input type="checkbox"/> OXU Oxalate, 24 Hour, Urine</p> <p><input type="checkbox"/> ROXUR Oxalate, Random, Urine</p> <p><input type="checkbox"/> POXA1 Oxalate, Plasma</p> <p><b>Monoclonal Gammopathy</b></p> <p><input type="checkbox"/> EPU Electrophoresis, Protein, 24 Hour, Urine</p> <p><input type="checkbox"/> PEL Electrophoresis, Protein, Serum</p> <p><input type="checkbox"/> IMFXO Immunofixation Only, Serum</p> <p><input type="checkbox"/> MMOGA Monoclonal Gammopathy Monitoring, Serum</p> <p><input type="checkbox"/> SMOGA Monoclonal Gammopathy Screen, Serum</p> <p><input type="checkbox"/> MPSU Monoclonal Protein Study, 24 Hour, Urine</p> <p><input type="checkbox"/> MPSEX Monoclonal Protein Study, Expanded Panel, Serum</p> <p><input type="checkbox"/> RMPSU Monoclonal Protein Study, Random, Urine</p> <p><input type="checkbox"/> MPSS Monoclonal Protein Study, Serum</p> <p><input type="checkbox"/> SPISO Protein Electrophoresis and Isotype, Serum</p> <p><b>Nephrogenic Systemic Fibrosis</b></p> <p><input type="checkbox"/> GDU Gadolinium, 24 Hour, Urine</p> <p><input type="checkbox"/> GDT Gadolinium, Dermal, Tissue</p> <p><input type="checkbox"/> GDS Gadolinium, Serum</p> <p><b>Renal Tubular Dysfunction</b></p> <p><input type="checkbox"/> A1M24 Alpha-1-Microglobulin, 24 Hour, Urine</p> <p><input type="checkbox"/> RA1M Alpha-1-Microglobulin, Random, Urine</p> <p><input type="checkbox"/> B2MU Beta-2 Microglobulin (B2M), Random, Urine</p> <p><input type="checkbox"/> B2M Beta-2-Microglobulin (Beta-2-M), Serum</p> <p><input type="checkbox"/> CITR Citrate Excretion, 24 Hour, Urine</p> <p><input type="checkbox"/> CITRA Citrate Excretion, Random, Urine</p> <p><input type="checkbox"/> RBP24 Retinol-Binding Protein, 24 Hour, Urine</p> <p><input type="checkbox"/> RRBP Retinol-Binding Protein, Random, Urine</p> <p><input type="checkbox"/> RTRP1 Tubular Reabsorption of Phosphorus, Random Urine and Serum</p> <p><b>Nephrolithiasis</b></p> <p><input type="checkbox"/> AMMO Ammonium, 24 Hour, Urine</p> <p><input type="checkbox"/> RAMBO Ammonium, Random, Urine</p> <p><input type="checkbox"/> CALU Calcium, 24 Hour, Urine</p>	<p><input type="checkbox"/> CACR1 Calcium, Random, Urine</p> <p><input type="checkbox"/> CITR Citrate Excretion, 24 Hour, Urine</p> <p><input type="checkbox"/> CITRA Citrate Excretion, Random, Urine</p> <p><input type="checkbox"/> HYOX Hyperoxaluria Panel, Urine</p> <p><input type="checkbox"/> KIDST Kidney Stone Analysis</p> <p><input type="checkbox"/> MAGU Magnesium, 24 Hour, Urine</p> <p><input type="checkbox"/> MAGNR Magnesium, Random, Urine</p> <p><input type="checkbox"/> OXU Oxalate, 24 Hour, Urine</p> <p><input type="checkbox"/> ROXUR Oxalate, Random, Urine</p> <p><input type="checkbox"/> POXA1 Oxalate, Plasma</p> <p><input type="checkbox"/> POU Phosphorus, 24 Hour, Urine</p> <p><input type="checkbox"/> RPOU Phosphorus, Pediatric, Random, Urine</p> <p><input type="checkbox"/> SULFU Sulfate, 24 Hour, Urine</p> <p><input type="checkbox"/> SAT24 Supersaturation Profile, 24 Hour, Urine</p> <p><input type="checkbox"/> SSATR Supersaturation Profile, Pediatric, Random, Urine</p> <p><input type="checkbox"/> URCU Uric Acid, 24 Hour, Urine</p> <p><b>Thrombotic Microangiopathy</b></p> <p><input type="checkbox"/> ADM13 ADAMTS13 Activity and Inhibitor Profile, Plasma</p> <p><input type="checkbox"/> AHUSD Atypical Hemolytic Uremic Syndrome (aHUS) Complement Panel, Serum and Plasma</p> <p><input type="checkbox"/> AH50 Complement, Alternate Pathway (AH50), Functional, Serum</p> <p><input type="checkbox"/> AHUSP Complement-Mediated Atypical Hemolytic-Uremic Syndrome (aHUS)/Thrombotic Microangiopathy (TMA) Gene Panel, Varies</p> <p><input type="checkbox"/> ECUMP Eculizumab Monitoring Panel, Serum</p> <p><input type="checkbox"/> ECULI Eculizumab, Serum</p> <p><input type="checkbox"/> STFRP Shiga Toxin, Molecular Detection, PCR, Feces</p> <p><b>Unexplained Osteomalacia/Hypophosphatemia</b></p> <p><input type="checkbox"/> DHVD 1,25-Dihydroxyvitamin D, Serum</p> <p><input type="checkbox"/> 25HDN 25-Hydroxyvitamin D2 and D3, Serum</p> <p><input type="checkbox"/> IFG23 Intact Fibroblast Growth Factor 23, Serum</p> <p><input type="checkbox"/> FGF23 Fibroblast Growth Factor 23 (FGF23), Plasma</p> <p><input type="checkbox"/> PTH2 Parathyroid Hormone, Serum</p>
ADDITIONAL TESTS (INDICATE TEST CODE AND NAME)		