MAYO CLINIC LABORATORIES

Benign Hematology Test Request

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.*

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 ______________________________

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 ☐ Male ☐ Female	Birth Date *(Month DD, YYYY)*	
Collection Date *(Month DD, YYYY)*	Time ☐ a.m. ☐ p.m	
Patient's Street Address		
Phone		
City	State	Zip Code

Insurance Information (required)

Subscriber's Name *(if different than patient)*		
Patient Relationship ☐ Spouse ☐ Dependent ☐ Other ________		
Medicare HIC Number *(if applicable)*		
Medicaid Number *(if applicable)*		
Insurance Company's Name *(if applicable)*		
Insurance Company's Street Address		
City	State	Zip Code
Policy Number		
Group Number		

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)

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Patient Information (required)

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

CONSULTATION/MORPHOLOGY EVALUATION

- ☐ PATHC — Pathology Consultation (submit stained slides and block)
- ☐ HPWET — Hematopathology Consultation, MML Embed (submit core biopsy, clot section and bone marrow aspirate)
- ☐ HPCUT — Hematopathology Consultation, Client Embed (submit bone marrow aspirate and embedded core biopsy and clot section)

ERYTHROCYTES: ENZYMOPATHIES

- ☐ G6PD — Glucose-6-Phosphate Dehydrogenase (G-6-PD), Quantitative, Erythrocytes
- ☐ GPI — Glucose Phosphate Isomerase, Erythrocytes
- ☐ G6PDB — Glucose-6-Phosphate Dehydrogenase (G6PD) Full Gene Sequencing, Varies
- ☐ HAEVP — Hemolytic Anemia Evaluation, Varies
- ☐ P5NT — Pyrimidine 5' Nucleotidase, Blood
- ☐ PKLRG — Pyruvate Kinase Liver and Red Blood Cell (PKLR), Full Gene Sequencing and Large Deletion Detection, Varies
- ☐ PK — Pyruvate Kinase, Erythrocytes
- ☐ EEEVP — Red Blood Cell (RBC) Enzyme Evaluation

ERYTHROCYTES: GENERAL

- ☐ HGB_Q — Hemoglobin, Qualitative, Urine
- ☐ PLHBB — Plasma Free Hemoglobin, Plasma
- ☐ RTIC — Reticulocytes, Blood

ERYTHROCYTES: HEMOGLOBIN DISORDERS

- ☐ REVE — Erythrocytosis Evaluation, Whole Blood
- ☐ HAEVP — Hemolytic Anemia Evaluation
- ☐ HBELC — Hemoglobin Electrophoresis Cascade, Blood
- ☐ HPFH — Hemoglobin F, Red Cell Distribution, Blood
- ☐ SDEX — Hemoglobin S, Screen, Blood
- ☐ HGBCE — Hemoglobin Variant, A2 and F Quantitation, Blood
- ☐ MEVP — Methemoglobinemia Evaluation
- ☐ THEVP — Thalassemia and Hemoglobinopathy Evaluation

ERYTHROCYTES: HEREDITARY ERYTHROCYTOSIS

- ☐ BPGMM — 2,3-Bisphosphoglycerate Mutase, Full Gene Sequencing Analysis, Varies
- ☐ REVE — Erythrocytosis Evaluation, Whole Blood
- ☐ EPO — Erythropoietin, Serum
- ☐ HEMP — Hereditary Erythrocytosis Mutations, Whole Blood

ERYTHROCYTES: IMMUNOLOGY

- ☐ ABYSR — Antibody Screen with Reflexed Antibody Identification, RBC
- ☐ CATR — Cold Agglutinin Titer, Serum
- ☐ BTR — Isoagglutinin Titer, Anti-B, Serum
- ☐ PLINK — PNH, PI-Linked Antigen, Blood

ERYTHROCYTES: MEMBRANE DISORDERS

- ☐ HAEVP — Hemolytic Anemia Evaluation
- ☐ RBCME — Red Blood Cell Membrane Evaluation, Blood
- ☐ FRAG — Osmotic Fragility, Erythrocytes

ERYTHROCYTES: METHEMOGLOBIN

- ☐ MET — Methemoglobin and Sulfhemoglobin, Blood
- ☐ METR — Methemoglobin Reductase, Blood
- ☐ MEVP — Methemoglobinemia Evaluation

LEUKOCTYES

- ☐ MUR — Lysozyme (Muramidase), Plasma

LYMPHOCYTES

- ☐ ALPS — Alpha Beta Double-Negative T Cells for Autoimmune Lymphoproliferative Syndrome, Blood
- ☐ CRGSP — Cryoglobulin and Cryofibrinogen Panel, Serum and Plasma
- ☐ ATR — Isoagglutinin Titer, Anti-A, Serum
- ☐ LCMS — Leukemia/Lymphoma Immunophenotyping by Flow Cytometry, Varies
- ☐ NKSP — Natural Killer (NK)/Natural Killer T (NKT) Cell Subset Panel, Blood
- ☐ VISCS — Viscosity, Serum

METABOLISM: MEGALOBLASTIC ANEMIA

- ☐ FOL — Folate, Serum
- ☐ GAST — Gastrin, Serum
- ☐ MHCZ — Methylmalonic Aciduria and Homocystinuria, cblC Type, Full Gene Analysis, Varies
- ☐ MHDZ — Methylmalonic Aciduria and Homocystinuria, cblD Type, Full Gene Analysis, Varies
- ☐ MMAP — Methylmalonic Acid, Quantitative, Plasma
- ☐ MMAS — Methylmalonic Acid, Quantitative, Serum
- ☐ MMAU — Methylmalonic Acid, Quantitative, Urine
- ☐ ACASM — Pernicious Anemia Cascade, Serum
- ☐ B12 — Vitamin B12 Assay, Serum
- ☐ FB12 — Vitamin B12 and Folate, Serum

METABOLISM: METALS

- ☐ CERS — Ceruloplasmin, Serum
- ☐ FERR — Ferritin, Serum
- ☐ FECHZ — Ferrochelatase (FECH) Gene, Full Gene Analysis, Varies
- ☐ HFE — Hemochromatosis HFE Gene Analysis, Blood
- ☐ FEC — Iron and Total Iron-Binding Capacity, Serum
- ☐ TRSF — Transferrin, Serum
- ☐ NEZPP — Zinc Protoporphyrin, Blood

ADDITIONAL TESTS (INDICATE TEST NUMBER AND NAME)

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