

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>
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

<p>"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."</p> <p>Signature _____</p>
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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 mayocliniclabs.com for the most up-to-date test and shipping information.

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 <i>(Month DD, YYYY)</i>	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Patient's Street Address		
Phone		
City	State	Zip Code

Insurance Information

Subscriber's Name <i>(if different than patient)</i>		
Patient Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other _____		
Medicare HIC Number <i>(if applicable)</i>		
Medicaid Number <i>(if applicable)</i>		
Insurance Company's Name <i>(if applicable)</i>		
Insurance Company's Street Address		
City	State	Zip Code
Policy Number		
Group Number		

MCL Internal Use Only

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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SPECIAL COAGULATION PROFILES

- ADM13 ADAMTS13 Activity and Inhibitor Profile, Plasma
- ALBLD Bleeding Diathesis Profile, Limited, Plasma
- CH8BP Chromogenic Factor VIII Inhibitor Bethesda Profile, Plasma
- ADIC Disseminated Intravascular Coagulation/ Intravascular Coagulation and Fibrinolysis (DIC/ICF) Profile, Plasma
- ALUPP Lupus Anticoagulant Profile, Plasma
- APROL Prolonged Clot Time Profile, Plasma
- AATHR Thrombophilia Profile, Plasma and Whole Blood
- AVWPR von Willebrand Disease Profile, Plasma

- RTSC Reptilase Time, Plasma
- TTSC Thrombin Time (Bovine), Plasma
- VWACT von Willebrand Factor Activity, Plasma
- VWAG von Willebrand Factor Antigen, Plasma
- VWFMS von Willebrand Factor Multimer Analysis, Plasma
- VWD8B von Willebrand Disease 2N (Subtype Normandy), Plasma

von Willebrand Disease

- AVWPR von Willebrand Disease Profile, Plasma
- VWACT von Willebrand Factor Activity, Plasma
- VWAG von Willebrand Factor Antigen, Plasma
- VWFMS von Willebrand Factor Multimer Analysis, Plasma

Individual Tests

- F8A Coagulation Factor VIII Activity Assay, Plasma
- F_9 Coagulation Factor IX Activity Assay, Plasma

Chromogenic Tests

- CH8 Chromogenic Factor VIII Activity Assay, Plasma
- CH9 Chromogenic Factor IX Activity Assay, Plasma
- FXCH Coagulation Factor X Chromogenic Activity Assay, Plasma

SPECIAL COAGULATION TESTS

Coagulation Factor Activity Testing

- F_2 Coagulation Factor II Activity Assay, Plasma
- FACTV Coagulation Factor V Activity Assay, Plasma
- F_7 Coagulation Factor VII Activity Assay, Plasma
- F8A Coagulation Factor VIII Activity Assay, Plasma
- F_9 Coagulation Factor IX Activity Assay, Plasma
- F_10 Coagulation Factor X Activity Assay, Plasma
- F_11 Coagulation Factor XI Activity Assay, Plasma
- F_12 Coagulation Factor XII Activity Assay, Plasma

HEREDITARY THROMBOPHILIA

Profiles

- AATHR Thrombophilia Profile, Plasma and Whole Blood
- APCRR Activated Protein C Resistance V, with Reflex to Factor V Leiden, Blood and Plasma

Individual Tests

- APCRV Activated Protein C Resistance V (APCRV), Plasma
- CFX Protein C Activity, Plasma
- PCAG Protein C Antigen, Plasma
- S_FX Protein S Activity, Plasma
- PSTF Protein S Antigen, Plasma
- ATTF Antithrombin Activity, Plasma
- ATTI Antithrombin Antigen, Plasma

SPECIAL COAGULATION DRUG ASSAYS

- APIXA Apixaban, Anti-Xa, Plasma
- ARGAT Argatroban, Ecarin, Plasma
- DABIE Dabigatran, Ecarin, Plasma
- EDOXA Edoaban, Anti-Xa, Plasma
- RIVAR Rivaroxaban, Anti-Xa, Plasma

Coagulation Factor Inhibitor Profiles

- 2INHE Factor II Inhibitor Evaluation, Plasma
- 5INHE Factor V Inhibitor Evaluation, Plasma
- 7INHE Factor VII Inhibitor Evaluation, Plasma
- 8INHE Factor VIII Inhibitor Evaluation, Plasma
- 9INHE Factor IX Inhibitor Evaluation, Plasma
- 10INE Factor X Inhibitor Evaluation, Plasma
- 11INE Factor XI Inhibitor Evaluation, Plasma

ACQUIRED THROMBOPHILIA

Profiles

- ALUPP Lupus Anticoagulant Profile, Plasma
- ADM13 ADAMTS13 Activity and Inhibitor Profile, Plasma

Individual Tests

- B2GMG Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
- CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum
- DRV11 Dilute Russell Viper Venom Time (DRVVT), with Reflex, Plasma
- HITIG Heparin-PF4 IgG Antibody (HIT), Serum

SUPPORTIVE COAGULATION TESTING

- B2GMG Beta-2 Glycoprotein 1 Antibodies, IgG and IgM, Serum
- CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum

Individual Tests

- APCRV Activated Protein C Resistance V (APCRV), Plasma
- A2PI Alpha-2 Plasmin Inhibitor, Plasma
- ATTF Antithrombin Activity, Plasma
- ATTI Antithrombin Antigen, Plasma
- FXCH Coagulation Factor X Chromogenic Activity Assay, Plasma
- HITIG Heparin-PF4 IgG Antibody (HIT), Serum
- PAI1 Plasminogen Activator Inhibitor Antigen, Plasma
- CFX Protein C Activity, Plasma
- PCAG Protein C Antigen, Plasma
- S_FX Protein S Activity, Plasma
- PSTF Protein S Antigen, Plasma

BLEEDING DISORDERS

Profiles

- ALBLD Bleeding Diathesis Profile, Limited, Plasma
- APROL Prolonged Clot Time Profile, Plasma
- AVWPR von Willebrand Disease Profile, Plasma

Esoteric Platelet Testing

- PTEM Platelet Transmission Electron Microscopic Study, Whole Blood
- PLAFI Platelet Surface Glycoprotein by Flow Cytometry, Blood

THROMBOTIC MICROANGIOPATHY (TMA)

- ADM13 ADAMTS13 Activity and Inhibitor Profile, Plasma
- AHUSD Atypical Hemolytic Uremic Syndrome (aHUS) Complement Panel, Serum and Plasma
- AHUSP Complement-Mediated Atypical Hemolytic-Uremic Syndrome (aHUS)/Thrombotic Microangiopathy (TMA) Gene Panel
- ECUMP Eculizumab Monitoring Panel, Serum
- ECULI Eculizumab, Serum
- STFRP Shiga Toxin, Molecular Detection, PCR, Feces

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COAGULATION DNA TESTING	
<input type="checkbox"/> F9KMP	Hemophilia B, F9 Gene Known Mutation Analysis, Prenatal
<input type="checkbox"/> FIXKM	Hemophilia B, F9 Gene Known Mutation, Whole Blood
<input type="checkbox"/> PTNT	Prothrombin G20210A Mutation, Blood
<input type="checkbox"/> F822B	Hemophilia A F8 Gene, Intron 22 Inversion Known Mutation, Whole Blood
<input type="checkbox"/> F81B	Hemophilia A F8 Gene, Intron 1 Inversion Known Mutation, Whole Blood
<input type="checkbox"/> F8INV	Hemophilia A F8 Gene, Intron 1 and 22 Inversion Mutation Analysis, Whole Blood
<input type="checkbox"/> F8INP	HHemophilia A F8 Gene, Intron 1 and 22 Inversion Mutation Analysis, Prenatal
<input type="checkbox"/> F81P	Hemophilia A F8 Gene, Intron 1 Inversion Known Mutation Analysis, Prenatal
<input type="checkbox"/> F822P	Hemophilia A F8 Gene, Intron 22 Inversion Mutation Analysis, Prenatal

NGS TESTING	
<input type="checkbox"/> ATNGS	Antithrombin Deficiency, SERPINC1 Gene, Next-Generation Sequencing
<input type="checkbox"/> F2NGS	F2 Gene, Next-Generation Sequencing
<input type="checkbox"/> F5NGS	F5 Gene, Next-Generation Sequencing
<input type="checkbox"/> F7NGS	Factor VII Deficiency, F7 Gene, Next-Generation Sequencing
<input type="checkbox"/> F8NGS	Hemophilia A, F8 Gene, Next-Generation Sequencing
<input type="checkbox"/> NGSF9	Hemophilia B, F9 Gene, Next-Generation Sequencing
<input type="checkbox"/> F10NG	Factor X Deficiency, F10 Gene, Next-Generation Sequencing
<input type="checkbox"/> F11NG	Hemophilia C, F11 Gene, Next-Generation Sequencing
<input type="checkbox"/> F12NG	F12 Gene, Next-Generation Sequencing
<input type="checkbox"/> F13NG	F13A1 and F13B Genes, Next-Generation Sequencing
<input type="checkbox"/> FIBNG	Congenital Fibrinogen Disorders, FGA, FGB, and FGG Genes, Next-Generation Sequencing
<input type="checkbox"/> THBNG	THBD Gene, Next-Generation Sequencing
<input type="checkbox"/> VWFNG	von Willebrand Disease, VWF Gene, Next-Generation Sequencing
<input type="checkbox"/> PCNGS	Protein C Deficiency, PROC Gene, Next-Generation Sequencing
<input type="checkbox"/> PRSNG	Protein S Deficiency, PROS1 Gene, Next-Generation Sequencing
<input type="checkbox"/> PRCNG	PROCR Gene, Next-Generation Sequencing

ADDITIONAL TESTS (INDICATE TEST CODE AND NAME)