

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 www.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 (required)

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

INFLAMMATORY BOWEL DISEASE	
Diagnosis	
<input type="checkbox"/> CALPR	Calprotectin, Feces
<input type="checkbox"/> IBDP	Inflammatory Bowel Disease Serology Panel, Serum
<input type="checkbox"/> AASCA	Saccharomyces cerevisiae Antibody, IgA, Serum
<input type="checkbox"/> GASCA	Saccharomyces cerevisiae Antibody, IgG, Serum
Genetics	
<input type="checkbox"/> IBDGP	Inflammatory Bowel Disease Primary Immunodeficiency (PID) Panel
Therapeutic Drug Monitoring	
<input type="checkbox"/> ADALX	Adalimumab Quantitative with Reflex to Antibody, Serum
<input type="checkbox"/> FCERT	Certolizumab pegol and Anti-Certolizumab Antibodies, Serum
<input type="checkbox"/> INFXR	Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum
<input type="checkbox"/> TPMT3	Thiopurine Methyltransferase (TPMT) Activity Profile, Erythrocytes
<input type="checkbox"/> TPNUV	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping, Varies
<input type="checkbox"/> FPMET	Prometheus Thiopurine Metabolites
<input type="checkbox"/> FUAUA	Ustekinumab and Anti-Ustekinumab Antibodies, Serum
<input type="checkbox"/> VEDOL	Vedolizumab Quantitation with Reflex to Antibodies, Serum
<input type="checkbox"/> VEDOZ	Vedolizumab Quantitation with Antibodies, Serum
CELIAC DISEASE	
Cascades	
<input type="checkbox"/> CDSP	Celiac Disease Serology Cascade
<input type="checkbox"/> CDCOM	Celiac Disease Comprehensive Cascade
<input type="checkbox"/> CDGF	Celiac Disease Gluten-Free Cascade
Individual Tests	
<input type="checkbox"/> FAEAB	Anti-Enterocyte Antibodies
<input type="checkbox"/> CELI	Celiac Associated HLA-DQ Alpha 1 and DQ Beta 1 DNA Typing, Blood
<input type="checkbox"/> FEGAT	Endomysial (EMA) IgG antibody titer
<input type="checkbox"/> EMA	Endomysial Antibodies (IgA), Serum
<input type="checkbox"/> DGLDN	Gliadin (Deamidated) Antibodies Evaluation, IgG and IgA, Serum
<input type="checkbox"/> DAGL	Gliadin (Deamidated) Antibody, IgA, Serum
<input type="checkbox"/> DGGL	Gliadin (Deamidated) Antibody, IgG, Serum
<input type="checkbox"/> IGA	Immunoglobulin A (IgA), Serum
<input type="checkbox"/> IGG	Immunoglobulin G (IgG), Serum
<input type="checkbox"/> IGM	Immunoglobulin M (IgM), Serum

<input type="checkbox"/> IMMG	Immunoglobulins (IgG, IgA, and IgM), Serum
<input type="checkbox"/> RTA	Reticulin Antibodies, Serum
<input type="checkbox"/> TSTGP	Tissue Transglutaminase (tTG) Antibodies, IgA and IgG Profile, Serum
<input type="checkbox"/> TTGA	Tissue Transglutaminase (tTG) Antibody, IgA, Serum
<input type="checkbox"/> TTGG	Tissue Transglutaminase (tTG) Antibody, IgG, Serum

DIARRHEA	
Clostridium difficile	
<input type="checkbox"/> CDFRP	Clostridioides (Clostridium) difficile Toxin, Molecular Detection, PCR, Feces
<input type="checkbox"/> CDIF	Clostridioides (Clostridium) difficile Culture, Varies
GI Pathogens	
<input type="checkbox"/> GIP	Gastrointestinal Pathogen Panel, PCR, Feces
<input type="checkbox"/> CYCL	Cyclospora Stain
<input type="checkbox"/> CRYPS	Cryptosporidium Antigen, Feces
<input type="checkbox"/> GIAR	Giardia Antigen, Feces
<input type="checkbox"/> OAP	Parasitic Examination
<input type="checkbox"/> OAPNS	Ova and Parasite Examination, Non-Stool
<input type="checkbox"/> PARID	Parasite Identification
<input type="checkbox"/> PINW	Pinworm Exam, Perianal
<input type="checkbox"/> ROTA	Rotavirus Antigen, Feces
<input type="checkbox"/> STFRP	Shiga Toxin, Molecular Detection, PCR, Feces
<input type="checkbox"/> STL	Enteric Pathogens Culture, Feces
<input type="checkbox"/> WHIPB	Tropheryma whipplei, Molecular Detection, PCR, Blood
<input type="checkbox"/> LCMSPP	Microsporidia species, Molecular Detection, PCR
<input type="checkbox"/> TWRP	Tropheryma whipplei, Molecular Detection, PCR, Varies
<input type="checkbox"/> UREDF	Reducing Substance, Feces

BILE ACID MALABSORPTION	
<input type="checkbox"/> 7AC4	7AC4, Bile Acid Synthesis, Serum
<input type="checkbox"/> BA48F	Bile Acids, Bowel Dysfunction, 48 Hour, Feces
<input type="checkbox"/> BAFS	Bile Acids, Fractionated and Total, Serum
<input type="checkbox"/> BAPS	Bile Acid Profile, Serum
<input type="checkbox"/> BILEA	Bile Acids, Total, Serum
<input type="checkbox"/> FATF	Fat, Feces
<input type="checkbox"/> FBAC	Bile Acids, Urine

HELICOBACTER PYLORI	
<input type="checkbox"/> HPSA	Helicobacter pylori Antigen, Feces
<input type="checkbox"/> UBT	Helicobacter pylori Breath Test
<input type="checkbox"/> HELIS	Helicobacter pylori Culture with Antimicrobial Susceptibilities, Varies

MOTILITY DISORDERS	
<input type="checkbox"/> GID2	Autoimmune Gastrointestinal Dysmotility Evaluation, Serum
<input type="checkbox"/> FMOT	Motilin, Plasma or Serum

HEPATITIS	
Acute/Chronic	
<input type="checkbox"/> AHEP	Acute Hepatitis Profile, Serum
<input type="checkbox"/> CRHEP	Chronic Hepatitis (Unknown Type)
<input type="checkbox"/> PHEP	Previous Hepatitis (Unknown Type), Serum
<input type="checkbox"/> CHSBP	Chronic Hepatitis Profile (Type B)

Hepatitis A	
<input type="checkbox"/> HAIGG	Hepatitis A IgG Antibody, Serum
<input type="checkbox"/> HAIGM	Hepatitis A IgM Antibody, Serum
<input type="checkbox"/> FHASQ	Hepatitis A Qualitative PCR HAV SuperQual

Hepatitis B	
<input type="checkbox"/> HBIM	Hepatitis B Core Antibody, IgM, Serum
<input type="checkbox"/> HBC	Hepatitis B Core Total Antibodies, Serum
<input type="checkbox"/> CORAB	Hepatitis B Core Total Antibodies, with Reflex to Hepatitis B Core Antibody IgM, Serum
<input type="checkbox"/> HEAB	Hepatitis B e-Antibody, Serum
<input type="checkbox"/> HEAG	Hepatitis B e-Antigen and Hepatitis B e-Antibody, Serum
<input type="checkbox"/> EAG	Hepatitis B e-Antigen, Serum
<input type="checkbox"/> HBABT	Hepatitis B Surface Antibody Monitor, Post-Transplant, Serum
<input type="checkbox"/> HBABE	Hepatitis B Surface Antibody, Employee, Serum
<input type="checkbox"/> HBABY	Hepatitis B Perinatal Exposure Follow-up Panel, Serum
<input type="checkbox"/> HBAB	Hepatitis B Surface Antibody, Qualitative/Quantitative, Serum
<input type="checkbox"/> HBAG	Hepatitis B Surface Antigen, Serum
<input type="checkbox"/> HBAGP	Hepatitis B Surface Antigen Prenatal, Serum
<input type="checkbox"/> HBVQN	Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum
<input type="checkbox"/> HBGCD	Hepatitis Bs Antigen (HBsAg) for Cadaveric or Hemolyzed Specimens, Serum

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Hepatitis C

HCSRN Hepatitis C Antibody Screen with Reflex to HCV RNA by PCR, Serum

HCVDX Hepatitis C Antibody with Reflex to HCV RNA by PCR, Serum

HCVDR Hepatitis C Virus Genotypic Drug Resistance, Serum

HCVQN Hepatitis C Virus (HCV) RNA Detection and Quantification by Real-Time Reverse Transcription-PCR (RT-PCR), Serum

HCVL Hepatitis C Virus Antibody Confirmation, Serum

HCCDD Hepatitis C Virus Antibody in Cadaveric or Hemolyzed Specimens, Serum

HCCAD Hepatitis C Virus Antibody Screen for Cadaveric or Hemolyzed Specimens, Serum

HCVG Hepatitis C Virus Genotype, Serum

HCVQG Hepatitis C Virus RNA Quantification with Reflex to HCV Genotype, Serum

Hepatitis D

AHDV Hepatitis D Virus Total Antibodies, Serum

Hepatitis E

HEVG Hepatitis E Virus IgG Antibody, Serum

HEVM Hepatitis E Virus IgM Antibody Screen with Reflex to Confirmation, Serum

HEVML Hepatitis E Virus IgM Antibody Confirmation, Serum

HEVQU Hepatitis E Virus RNA Detection and Quantification by Real-Time RT-PCR, Serum

NONALCOHOLIC FATTY ACID DISEASE

FIBRO FibroTest-ActiTest, Serum

NSFIB Nonalcoholic Steatohepatitis (NASH)-FibroTest, Serum and Plasma

WILSON DISEASE

CERS Ceruloplasmin, Serum

CUCRU Copper/Creatinine Ratio, Random, Urine

CUS Copper, Serum

CUT Copper, Liver Tissue

CUU Copper, 24 Hour, Urine

WDZ Wilson Disease, Full Gene Analysis, Varies

HEPATOCELLULAR CARCINOMA (HCC)

HCCPR Hepatocellular Carcinoma Risk Panel Includes:
- AFP-L3% and Total AFP, Serum
- Des-Gamma-Carboxy Prothrombin, Serum

L3AFP Alpha-Fetoprotein (AFP) L3% and Total, Hepatocellular Carcinoma Tumor Marker, Serum

DCP Des-Gamma-Carboxy Prothrombin (DCP), Serum

AUTOIMMUNE LIVER DISEASE

ALDP Autoimmune Liver Disease Panel, Serum Includes:
- Mitochondrial Antibodies (M2), Serum
- Smooth Muscle Antibodies, Serum
- Antinuclear Antibodies (ANA), Serum

AMA Mitochondrial Antibodies (M2), Serum

SMA Smooth Muscle Antibodies, Serum

ANA2 Antinuclear Antibodies (ANA), Serum

LKM Liver/Kidney Microsome Type 1 Antibodies, Serum

A2M Alpha-2-Macroglobulin, Serum

FSLAA Soluble Liver Antigen (SLA) Autoantibody

ALPHA-1-ANTITRYPSIN (A1A) DEFICIENCY

A1ALC Alpha-1-Antitrypsin Proteotype S/Z by LC-MS/MS, Serum

A1APP Alpha-1-Antitrypsin Phenotype, Serum

AAT Alpha-1-Antitrypsin, Serum

A1AFS Alpha-1-Antitrypsin Clearance, Feces and Serum

SERPZ SERPINA1 Gene, Full Gene Analysis

LYSOSOMAL ACID LIPASE DEFICIENCY

LALB Lysosomal Acid Lipase, Blood

LALBS Lysosomal Acid Lipase, Blood Spot

PANCREATITIS

AMBF Amylase, Body Fluid

FAMYS Amylase, Isoenzymes

PAMY Amylase, Pancreatic, Serum

RAMSU Amylase, Random, Urine

AMSU Amylase, Timed Collection, Urine

FELAS Elastase, Pancreatic, Serum

HPPAN Hereditary Pancreatitis Panel, Varies

FLIPR Lipase, Random Urine

FPAN1 Pancreatic Elastase-1

PANCREATIC CANCER

AMLPC Amylase, Pancreatic Cyst

COLON CANCER

APCZ APC Gene, Full Gene Analysis

FOBT Fecal Occult Blood, Colorectal Cancer Screen, Qualitative, Immunochemical

LYNCH Lynch Syndrome Panel

MSI Microsatellite Instability (MSI), Tumor

ML1HM MLH1 Hypermethylation Analysis, Tumor

MYHZ MUTYH Gene, Full Gene Analysis

PTENZ PTEN Gene, Full Gene Analysis

RASFP RAS/RAF Targeted Gene Panel by Next-Generation Sequencing, Tumor

PATHOLOGY

PATHC Pathology Consultation

PDL12 Programmed Death-Ligand 1 (PD-L1) (22C3), Semi-Quantitative Immunohistochemistry, Manual

ALLERGY

Our full menu of allergy testing can be viewed at gi.testcatalog.org

GENETICS

Our full menu of genetics testing can be viewed at genetics.testcatalog.org