

## Client Information (required)

Client Name		
Client ID		
Client Phone	Client Order No.	
Address		
City	State	Zip Code

## 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.

## 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.

## Submitting Provider/Provider Name Information (required)

Submitting/Referring Provider <small>(Last, First)</small>
<p><b>Fill in only if Call Back is required.</b></p> <p>Phone (     ) _____ - _____</p> <p>Fax * (     ) _____ - _____</p>
Provider's National I.D. (NPI)

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

<p><b>MCL Internal Use Only</b></p>          
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### 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.

### 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)	

## General Collection and Processing Instructions

If questions, call the Renal Laboratory at 507-284-2525 and ask for a Technical Specialist. **Precise recording of collection times and urine volume is essential for this test.** Record all information in the spaces provided below.

- Record patient's height and weight.**
- UO – Initial preinjection urine sample.**
  - Collect urine before injection of Iothalamate
  - Aliquot 5 mL urine into one of the 10-mL urine containers
  - Record collection time (to the nearest minute) and record below.
  - Write "UO" on the urine container.
- Iothalamate Injection Time**  
Record the injection time (to the nearest minute) and record below.
- UE – Equilibration urine collection**
  - Collect urine 60 minutes after the Iothalamate injection time.
  - Be sure the bladder is completely empty; minimum of 100 mL is optimal. Follow bladder scanning parameter instructions.
  - Record the collection time (to the nearest minute) and record below.
  - Quantitatively measure UE volume to the nearest mL and record below.
  - Aliquot 5 mL urine into the second 10-mL urine container.
  - Write "UE" on the urine container.
- P1 – Plasma**
  - Collect a sodium heparin blood within 5 minutes of collecting the UE. Important to use opposite arm of SQ injection.
  - Record the collection time (to the nearest minute) and indicate below.
  - Spin blood and aliquot 1-mL plasma into the tube provided.
  - Write "P1" on the vial.
- U1 – GFR testing urine collection.**
  - Collect urine 45 minutes after the UE collection.
  - Be sure the bladder is completely empty; minimum of 100 mL is optimal. Follow bladder scanning parameter instructions.
  - Quantitatively measure the U1 volume to the nearest milliliter.
  - Record the following information for the U1 collection below:
    - Collection Time (to the nearest minute)
    - Volume (to the nearest milliliter)
    - Collection Duration (to the nearest minute)
  - Aliquot 5 mL into the third 10-mL urine container.
  - Write "U1" on the urine container.
- P2 – Plasma**
  - Collect a sodium heparin blood within 5 minutes of collecting the U1. Important to use opposite arm of SQ injection.
  - Record the collection time (to the nearest minute) and record below.
  - Spin blood and aliquot 1-mL plasma into the tube provided.
  - Write "P2" on the vial.
- Indicate name and phone number of a person that can answer any questions MCL may have regarding the collection of these specimens.**

## Packing Instructions

- Ensure that all specimens are labeled correctly.**
- Put the plasma and urine aliquots into the "Pink Refrigerated Specimen" transport bag.
- Insert a copy of the completed requisition form into outer pocket of transport bag.
- Store the specimens in the refrigerator until the specimens are shipped.
- Ship the specimens at refrigerate temperature.

## Test NSRC / Iothalamate, Glomerular Filtration Rate, Plasma and Urine

The following information must be provided before testing can be completed.

- Patient Weight \_\_\_\_\_ kg (in kilograms)  
Patient Height \_\_\_\_\_ cm (in centimeters)
- Initial Urine Collection Time (UO) \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.
- Iothalamate Injection Time \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.
- Equilibration Urine (UE) Collection Time \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.  
UE Collection Volume \_\_\_\_\_ mLs
- Plasma (P1) Collection Time \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.  
(Must be no longer than 5 minutes after UE Collection)
- A. U1 GFR Testing Urine Collection Time \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.  
B. U1 Collection Volume \_\_\_\_\_ mLs  
C. U1 Collection Duration \_\_\_\_\_ minutes  
Time Difference from Equilibration Urine (UE) to GFR testing Urine (U1)
- Plasma (P2) Collection Time \_\_\_\_\_ : \_\_\_\_\_  a.m.  p.m.  
(Must be no longer than 5 minutes after U1 Collection)
- Collection Facility  
Contact Name \_\_\_\_\_  
Phone \_\_\_\_\_