

**Client Information (required)**

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street Address		
City	State	ZIP Code

**Submitting Provider Information (required)**

Submitting/Referring Provider Name (Last, First)
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**Fill in only if Call Back is required.**

Phone (with area code)	Fax (with area code)
National Provider Identification (NPI)	

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

**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 ▶
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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 55905

**Customer Service: 800-533-1710**



Visit [www.MayoClinicLabs.com](http://www.MayoClinicLabs.com) for the most up-to-date test and shipping information, or scan the code to learn more.

**Patient Information (required)**

Patient ID (Medical Record No.)		
Patient Name (Last, First Middle)		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (mm-dd-yyyy)	
Collection Date (mm-dd-yyyy)	Time <input type="checkbox"/> am <input type="checkbox"/> pm	
Street Address		
City	State	ZIP Code
Phone		

**Reason for Testing (required)**

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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**

<b>MCL Internal Use Only</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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**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 (mm-dd-yyyy)	

INFLAMMATORY BOWEL DISEASE (IBD)	
Diagnosis	
<input type="checkbox"/> CALPR	Calprotectin, Feces
<input type="checkbox"/> IBDP2	Inflammatory Bowel Disease Serology Panel, Serum
Therapeutic Drug Monitoring	
<input type="checkbox"/> ADALP	Adalimumab Quantitative with Antibody, Serum
<input type="checkbox"/> ADALX	Adalimumab Quantitative with Reflex to Antibody, Serum
<input type="checkbox"/> INFXP	Infliximab Quantitation with Antibodies to Infliximab, Serum
<input type="checkbox"/> INFXR	Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum
<input type="checkbox"/> RISA	Risankizumab, Serum
<input type="checkbox"/> RISAP	Risankizumab Quantitation with Antibodies, Serum
<input type="checkbox"/> TPMT3	Thiopurine Methyltransferase Activity Profile, Erythrocytes
<input type="checkbox"/> TPNUQ	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping, Varies
<input type="checkbox"/> THIO	Thiopurine Metabolites, Whole Blood
<input type="checkbox"/> USTEK	Ustekinumab Quantitation with Antibodies, Serum
<input type="checkbox"/> VEDOL	Vedolizumab Quantitation with Reflex to Antibodies, Serum
<input type="checkbox"/> VEDOZ	Vedolizumab Quantitation with Antibodies, Serum
Monogenetic Inflammatory Bowel Disease (IBD)	
<input type="checkbox"/> EOIBD	Early Onset Monogenetic Inflammatory Bowel Disease (IBD) Gene Panel, Varies

CELIAC DISEASE	
Cascades	
<input type="checkbox"/> CDSP	Celiac Disease Serology Cascade, Serum
<input type="checkbox"/> CDCOM	Celiac Disease Comprehensive Cascade, Serum and Whole Blood
<input type="checkbox"/> CDGF	Celiac Disease Gluten-Free Cascade, Serum and Whole Blood
Individual Tests	
<input type="checkbox"/> CELI	Celiac Associated HLA-DQ Alpha 1 and DQ Beta 1 DNA Typing, Blood
<input type="checkbox"/> EMA	Endomysial Antibodies, IgA, Serum
<input type="checkbox"/> EMAIG	Endomysial Antibodies, IgG, 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"/> IMMIG	Immunoglobulins (IgG, IgA, and IgM), Serum

<input type="checkbox"/> TSTGP	Tissue Transglutaminase Antibodies, IgA and IgG Profile, Serum
<input type="checkbox"/> TTGA	Tissue Transglutaminase Antibody, IgA, Serum
<input type="checkbox"/> TTGG	Tissue Transglutaminase Antibody, IgG, Serum

INTESTINAL INFECTION	
Clostridium difficile	
<input type="checkbox"/> CDPCR	<i>Clostridioides difficile</i> Toxin, PCR, Feces
<input type="checkbox"/> CDIF	<i>Clostridioides difficile</i> Culture, Varies

GI Pathogens	
<input type="checkbox"/> GIP	Gastrointestinal Pathogen Panel, PCR, Feces
<input type="checkbox"/> CYCL	<i>Cyclospora</i> Stain, Feces
<input type="checkbox"/> CRYPS	<i>Cryptosporidium</i> Antigen, Feces
<input type="checkbox"/> GIAR	<i>Giardia</i> Antigen, Feces
<input type="checkbox"/> OPE	Ova and Parasite, Travel History or Immunocompromised, Feces
<input type="checkbox"/> OAPNS	Ova and Parasite, Microscopy, Varies
<input type="checkbox"/> PARID	Parasite Identification, Varies
<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	<i>Tropheryma whipplei</i> , Molecular Detection, PCR, Blood
<input type="checkbox"/> LCMSP	<i>Microsporidia</i> species, Molecular Detection, PCR, Varies
<input type="checkbox"/> TWRP	<i>Tropheryma whipplei</i> , Molecular Detection, PCR, Varies
<input type="checkbox"/> UREDF	Reducing Substance, Feces

Helicobacter Pylori	
<input type="checkbox"/> UBT	<i>Helicobacter pylori</i> Breath Test
<input type="checkbox"/> HELIS	<i>Helicobacter pylori</i> Culture with Antimicrobial Susceptibilities, Varies
<input type="checkbox"/> HPFRP	<i>Helicobacter pylori</i> with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Feces
<input type="checkbox"/> HPRP	<i>Helicobacter pylori</i> with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Tissue
<input type="checkbox"/> HPCRPR	<i>Helicobacter pylori</i> with Clarithromycin Resistance Prediction, Molecular Detection, PCR, Varies

MALABSORPTION DISORDERS	
<input type="checkbox"/> 7AC4	7AC4, Bile Acid Synthesis, Serum
<input type="checkbox"/> BAMRP	Bile Acids Malabsorption Panel, Serum and Feces
<input type="checkbox"/> BA48F	Bile Acids, Bowel Dysfunction, 48 Hour, Feces

<input type="checkbox"/> BAFS	Bile Acids, Fractionated and Total, Serum
<input type="checkbox"/> BILEA	Bile Acids, Total, Serum
<input type="checkbox"/> DSAC	Disaccharidase Activity Panel, Tissue
<input type="checkbox"/> FATF	Fat, Feces
<input type="checkbox"/> MALP	<b>Malabsorption Evaluation Panel, Feces</b>
A1AF	Alpha-1-Antitrypsin, Random, Feces
CALPR	Calprotectin, Feces
ELASF	Pancreatic Elastase, Feces
UREDF	Reducing Substance, Feces

MOTILITY DISORDERS	
<input type="checkbox"/> GID2	Gastrointestinal Dysmotility, Autoimmune/Paraneoplastic Evaluation, Serum

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

Prenatal	
<input type="checkbox"/> HBCPR	Hepatitis B Virus Core Total Antibodies Prenatal, Serum
<input type="checkbox"/> HBAGP	Hepatitis B Virus Surface Antigen Prenatal, Serum
<input type="checkbox"/> HCVSP	Hepatitis C Virus (HCV) Antibody Screen Prenatal, Serum
<input type="checkbox"/> HCVRP	Hepatitis C Virus (HCV) RNA Detection and Quantification, Real-Time Reverse Transcription-PCR, Prenatal, Serum
<input type="checkbox"/> PHSP	Prenatal Hepatitis Evaluation, Serum
<input type="checkbox"/> HBABP	Hepatitis B Virus Surface Antibody Prenatal, Qualitative/Quantitative, Serum

Hepatitis A	
<input type="checkbox"/> HAVTA	Hepatitis A Virus Total Antibodies, Serum
<input type="checkbox"/> HAIGM	Hepatitis A Virus IgM Antibody, Serum

Hepatitis B	
<input type="checkbox"/> HBIM	Hepatitis B Virus Core IgM Antibody, Serum
<input type="checkbox"/> HBCSN	Hepatitis B Virus Core Total Antibodies Screen, Serum
<input type="checkbox"/> HBC	Hepatitis B Virus Core Total Antibodies, Serum
<input type="checkbox"/> CORAB	Hepatitis B Virus Core Total Antibodies, with Reflex to Hepatitis B Virus Core IgM Antibody, Serum
<input type="checkbox"/> HEAB	Hepatitis B Virus e Antibody, Serum



