Complete and print.

Reset Form

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 Information (required)

Submitting/Referring Provider *(Last, First)*

Fill in only if Call Back is required.

Phone (with area code)	Fax (with area code)
Provider's National I.D. (NPI)	

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

Reason for Testing (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)*		
Sex ☐ Male ☐ Female	Birth Date *(mm-dd-yyyy)*	
Collection Date *(mm-dd-yyyy)*	Time ☐ am ☐ pm	
Street Address		
City	State	ZIP Code
Phone		

Insurance Information

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)

T755
MC0767-07Arev0122

Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name *(Last, First, Middle)*	Client Order No.
Birth Date *(mm-dd-yyyy)*	

CONSULTATION/MORPHOLOGY EVALUATION

☐ PATHC	Pathology Consultation (submit stained slides and block)
☐ HPWET	Hematopathology Consultation, MCL 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

☐ AK1	Adenylate Kinase Enzyme Activity, Blood
☐ G6PD1	Glucose 6-Phosphate Dehydrogenase Enzyme Activity, Blood
☐ GPI1	Glucose Phosphate Isomerase Enzyme Activity, Blood
☐ G6PDB	Glucose-6-Phosphate Dehydrogenase (G6PD) Full Gene Sequencing, Varies
☐ GSH	Glutathione, Blood
☐ HAEV1*	Hemolytic Anemia Evaluation, Blood
☐ HK1	Hexokinase Enzyme Activity, Blood
☐ PFK1	Phosphofructokinase Enzyme Activity, Blood
☐ PGK1	Phosphoglycerate Kinase Enzyme Activity, Blood
☐ P5NT	Pyrimidine 5' Nucleotidase, Blood
☐ PK1	Pyruvate Kinase Enzyme Activity, Blood
☐ PKLRG	Pyruvate Kinase Liver and Red Blood Cell (PKLR), Full Gene Sequencing and Large Deletion Detection, Varies
☐ EEEV1*	Red Blood Cell (RBC) Enzyme Evaluation, Blood
☐ TPI1	Triosephosphate Isomerase Enzyme Activity, Blood

ERYTHROCYTES: GENERAL

☐ HGBQ	Hemoglobin, Qualitative, Random, Urine
☐ PLHBB	Plasma Free Hemoglobin, Plasma
☐ RTIC	Reticulocytes, Blood

ERYTHROCYTES: HEMOGLOBIN DISORDERS

☐ WASEQ	Alpha Globin Gene Sequencing, Varies
☐ WBDD	Beta-Globin Cluster Locus, Deletion/Duplication, Varies
☐ WBSEQ	Beta Globin Gene Sequencing, Varies
☐ REVE1*	Erythrocytosis Evaluation, Whole Blood
☐ WGSEQ	Gamma-Globin Full Gene Sequencing, Varies
☐ HBEL1*	Hemoglobin Electrophoresis Evaluation, Blood
☐ HGBCE*	Hemoglobin Variant, A2 and F Quantitation, Blood
☐ HAEV1*	Hemolytic Anemia Evaluation, Blood
☐ MEV1*	Methemoglobinemia Evaluation, Blood
☐ SDEX	Sickle Solubility, Blood
☐ THEV1*	Thalassemia and Hemoglobinopathy Evaluation, Blood and Serum

ERYTHROCYTES: HEREDITARY ERYTHROCYTOSIS

☐ BPGMM	2,3-Bisphosphoglycerate Mutase, Full Gene Sequencing Analysis, Varies
☐ REVE1*	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	Paroxysmal Nocturnal Hemoglobinuria, PI-Linked Antigen, Blood

ERYTHROCYTES: MEMBRANE DISORDERS

☐ HAEV1*	Hemolytic Anemia Evaluation, Blood
☐ KCNN4	KCNN4 Full Gene Sequencing, Varies
☐ FRAG	Osmotic Fragility, Erythrocytes
☐ RBCME*	Red Blood Cell Membrane Evaluation, Blood

ERYTHROCYTES: METHEMOGLOBIN

☐ METR1	Cytochrome b5 Reductase Enzyme Activity, Blood
☐ MET	Methemoglobin and Sulfhemoglobin, Blood
☐ MEV1*	Methemoglobinemia Evaluation, Blood

LEUKOCTYES

☐ MURA	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, Flow Cytometry, Varies
☐ NKSP	Natural Killer (NK)/Natural Killer T (NKT) Cell Subset Panel, Blood
☐ SVISC	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

MOLECULAR BENIGN HEMATOLOGY STUDIES

☐ NGHHA	Hereditary Hemolytic Anemia Comprehensive Panel, Next-Generation Sequencing, Varies
☐ NGCDA	Congenital Dyserythropoietic Anemia Panel, Next-Generation Sequencing, Varies
☐ NGMEM	Red Blood Cell Membrane Panel, Next-Generation Sequencing, Varies
☐ NGENZ	Red Blood Cell Enzyme Panel, Next-Generation Sequencing, Varies
☐ KCNN4	KCNN4 Full Gene Sequencing

ADDITIONAL TESTS (INDICATE TEST ID AND NAME)

*__Metabolic Hematology Patient Information (T810) is strongly recommended for this test.__ For more information, see corresponding test on MayoClinicLabs.com

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