

# MayoLink<sub>2</sub>

## Downtime Order Form

Mayo Medical Laboratories  
3050 Superior Drive NW  
Rochester, Minnesota 55901  
800-533-1710

Please follow these steps in order to ensure timely and accurate processing of your order, specimens, and results.

**Patient ID** \_\_\_\_\_

**Account #** (example C7654321) \_\_\_\_\_

**Patient Name Last** \_\_\_\_\_

**First** \_\_\_\_\_

**Middle** \_\_\_\_\_

**DOB** (example 00/00/0000) \_\_\_\_\_

**Patient Age** \_\_\_\_\_

**Patient Gender** \_\_\_\_\_

**Ordering Codes (tests)** \_\_\_\_\_

**Ordering Physician** \_\_\_\_\_

**UPIN** \_\_\_\_\_

**Collection Accession #** \_\_\_\_\_

**Collection Date** \_\_\_\_\_

**Collection Time** \_\_\_\_\_

**Billing Type** \_\_\_\_\_

**Performing Lab Notes** (MML: Line 21)

**Internal Notes**

**Report Notes** (MML: Line 22)

Please send this completed form with your specimens to MML.  
Please contact MLI at 1-800-533-1710 or 507-266-5700 with questions.  
Print forms at [www.mayoreferenceservices.org/forms](http://www.mayoreferenceservices.org/forms)

**MML USE ONLY**

Lab Assistants	Perform name search, if NOF follow the NOF SOP
NOF	Refer to NOF SOP
Telecom	Place order on MayoLink, verify order crossed to Lab3, and complete Remedy ticket