

# MayoNet<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.

**MRN (Patient/Medical Record #)** \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

**Client Accession #** \_\_\_\_\_

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

**Procedure Code** \_\_\_\_\_

**Internal Notes (MML: Line 21)**

**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 MayoNet, verify order crossed to Lab3, and complete Remedy ticket