

E-Req

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

MML USE ONLY

Lab Assistants

Perform name search, if NOF follow the NOF SOP

NOF

Refer to NOF SOP

Telecom

Place order on E-Req, verify order crossed to Lab3, and complete Remedy ticket