



**Molecular Genetics
Request Form**

SHIP TO: 3050 Superior Drive NW
Rochester, MN 55901
1-800-533-1710

Visit www.mayomedicallaboratories.com for the most up-to-date test and shipping information.

Shipping Temperatures

FROZEN = YELLOW

REFRIGERATE = PINK

AMBIENT = WHITE

Patient ID (MRN) (Required)		Patient Name (Last, First, Middle Initial) (Required)	
Birth Date (Month DD, YYYY) (Required)	Sex (Required) <input type="checkbox"/> Male <input type="checkbox"/> Female	Collection Date (Month DD, YYYY) (Required)	Time (Required) <input type="checkbox"/> am <input type="checkbox"/> pm
The above information is REQUIRED. If a required field is not completed, a call will be placed to obtain the information.			
Order Number	Referring Physician (Last, First)	Physician Phone No. (Include area code)	
Fill in ONLY if CALL BACK is required. Please indicate <input type="checkbox"/> Phone No. <input type="checkbox"/> Fax No. ()			
BILLING INFORMATION			
<ul style="list-style-type: none"> An itemized invoice statement will be sent each month. Payment terms are net 30 days. Include MML's invoice number on the check for payment to ensure proper credit to your account. Call the MML business office with billing related questions 1-800-447-6424 (United States and Canada) or 507-266-5490 (Outside the U.S.)			

PRENATAL SPECIMENS		SPECIMEN PROVIDED	
_____ Amniocentesis _____ CVS (Chorionic Villus Sample) **Cultured cells accepted. Extra charge for culture of whole fluid/tissue if chromosome analysis not performed at Mayo.		Blood (3-6mL whole blood in EDTA or ACD) **Additional sodium heparin tube of blood required for chromosome analysis. **ACD blood (not EDTA) is required for Ashkenazi Jewish Panel (86329 and 88887)	
88636	Maternal Cell Contamination - REQUIRED for all prenatal testing **This testing done at no charge.	Tissue _____	Other _____

CLINICAL INFORMATION REQUIRED.
Please complete a patient information sheet for each patient based on testing ordered.
Check your test catalog or visit www.mayomedicallaboratories.com for the appropriate information sheet.

CONGENITAL INHERITED DISEASE			
88870	Age-Related Macular Degeneration, Risk Analysis, Y402H & A69S	80297	Hemophilia A Inversion Analysis
83050	Alpha-1-Antitrypsin Deficiency EDTA blood & serum	81508	Hereditary Hemochromatosis
9499	Alpha Thalassemia	83019	Hereditary Pancreatitis Mutation Screen (Cationic trypsinogen gene only)
83667	Amyloidosis, Transthyretin-Associated Familial, DNA Sequence	88691	Hereditary Pancreatitis, Known Mutation*
83705	Amyloidosis, Transthyretin-Associated Familial Known Mutation*	87924	MAPT Gene, Sequence Analysis, 7 Exon Screening Panel
80905	Apolipoprotein E (Hyperlipidemia only)	87925	MAPT Known Mutation*
88911	Autosomal Recessive Polycystic Kidney Disease, Full Gene Analysis	89284	MECP2 Gene, Full Gene Analysis (DNA sequencing and large del/dup)
88912	Autosomal Recessive Polycystic Kidney Disease, Known Mutation*	89285	MECP2 Gene, Known Mutation*
83278	Beckwith-Wiedemann Methylation Analysis	81252	Multiples-Fraternal/Identical determination (Zygoty testing) See MML test catalog. Specimen REQUIRED from both parents.
9497	Cystic Fibrosis, Mutation Analysis, 70-Mutation Panel Preferred first-tier molecular test for carrier screening or diagnosis.	89314	Neonatal Marfan Syndrome, FBN1 Gene FBN1 exons 24-33 only
88876	CFTR Gene, Full Gene Analysis (DNA sequencing and large del/dup)	81153	Prader Willi/Angelman Syndrome, Molecular Analysis
88880	CFTR Gene, Known Mutation*	89188	Progranulin Gene, Full Gene Analysis
81801	Dentatorubral-Pallidolusian Atrophy (DRPLA)	89187	Progranulin Gene, Known Mutation*
89308	FBN1, Full Gene Sequence	82971	Specimen Identification
89311	FBN1 Gene, Known Mutation*	81176	Spinobulbar Muscular Atrophy (Kennedy Disease), Molecular Analysis
9569	Fragile X Syndrome, Molecular Analysis	82970	Uniparental Disomy (UPD): Chromosome _____ Chromosome of interest must be specified for processing. Specimen REQUIRED from both parents.
		82992	Y Chromosome Microdeletions, Molecular Detection (AZFa, AZFb, AZFc)

INHERITED CANCER SYNDROMES			
Germline		83706	MSH6 Known Mutation*
82582	FAP Mutation Screen (DNA seq exons 1-14, PTT exon 15 and large del/dup)	89083	VHL Full Gene Analysis (DNA sequencing with reflex to deletion detection)
83001	FAP Known Mutation*	89211	VHL Deletion Detection
84304	MYH Gene Analysis for Multiple Adenoma, Y165C and G382D	82084	VHL Known Mutation*
80573	MEN2 Mutation Screen (DNA seq exons 10, 11, 13-16)	Tumor Analysis	
81082	MEN2 Known Mutation*	87980	BRAF Mutation Analysis (V600E), Tumor
83015	MLH1 Mutation Screen (DNA sequencing and large del/dup)	17073	HNPCC Screen Includes Microsatellite Instability and Immunohistochemistry of MLH1, MSH2, MSH6, PMS2
83002	MLH1 Known Mutation*	89378	KRAS Gene, 7 Mutation Panel, Tumor
83016	MSH2 Mutation Screen (DNA sequencing and large del/dup)	88566	Microsatellite Instability (MSI) only
83082	MSH2 Known Mutation*	87978	MLH1 hypermethylation Analysis, Tumor
83191	MLH1/MSH2 Mutation Screen (DNA sequencing and large del/dup)	87931	MLH1 hypermethylation/BRAF If ordered with HNPCC screen, testing will only be performed if clinically indicated.
83723	MSH6 Mutation Screen (DNA sequencing and large del/dup)	29004	MMR Protein, IHC only Tumor

MOLECULAR ANALYSIS FOR BIOCHEMICAL DISORDERS			
83643	Alanine-glyoxylate aminotransferase (AGXT), Molecular Analysis Test for pyridoxine responsiveness in Primary Hyperoxaluria Type 1	84367	Galactosemia Known Mutation*
86329	Ashkenazi Jewish Mutation Analysis Panel With Cystic Fibrosis Panel includes Canavan, cystic fibrosis, Gaucher, Tay-Sachs (enzyme and molecular), familial dysautonomia, Niemann Pick A & B, Bloom syndrome, Fanconi Anemia type C, mucopolidosis IV. To order any test separately, contact lab.	83644	Isovaleryl-CoA Dehydrogenase (IVD) Mutation Analysis (A282V)
88887	Ashkenazi Jewish Mutation Analysis Panel Without Cystic Fibrosis Panel includes all disorders listed with 86329 (above) except cystic fibrosis	81013	LDLR Full Gene Sequence
89012	Biotinidase Deficiency, Full Gene Analysis	81183	LDLR Gene, Known Mutation*
89013	Biotinidase Deficiency, Known Mutation*	83923	Medium Chain Acyl CoA Dehydrogenase (MCAD) Deficiency, DNA Sequencing
83817	CASR Mutation Screen, Biochemical and Genetic	83934	Medium-Chain Acyl-CoA Dehydrogenase (MCAD) Deficiency, Known Mutation*
83703	CASR Mutation Screen	89436	Methylmalonic Aciduria and Homocystinuria, cblC Type, Full Gene Analysis
83704	CASR Known Mutation*	89135	Methylmalonic Aciduria and Homocystinuria, cblC Type, Known Mutation*
89081	CYP21A2 Full Gene Analysis	89015	Niemann-Pick Type C, Full Gene Analysis
89082	CYP21A2 Known Mutation*	83118	Niemann-Pick Type C Disease, Known Mutation*
88264	Fabry Disease, Full-Genes Analysis	83939	Short Chain Acyl CoA Dehydrogenase (SCAD) Deficiency, DNA Sequencing
88266	Fabry Disease, Known Mutation*	83947	Short Chain Acyl CoA Dehydrogenase (SCAD) Deficiency, Known Mutation*
83375	FH/ADH Genetic Reflex Panel APOB genotype with reflex to LDLR sequencing and LDLR large del/dup	82943	Tay-Sachs Disease (TSD), Hexosaminidase A, Molecular Reflex Includes Biochemical testing with reflex to 7 mutation panel when indicated
84360	Galactosemia Confirmation Test Preferred first-tier molecular test for carrier screening or diagnosis.	89278	Tay-Sachs Disease, HEXA Gene, Full Gene Analysis
88877	GALT Gene, Full Gene Analysis	89283	Tay-Sachs Disease, HEXA Gene, Known Mutation*
		83697	Wilson Disease Mutation Screen (DNA sequence analysis)
		83698	Wilson Disease, Known Mutation*

OTHER TESTS (indicate test number and name)			

NEW YORK STATE PATIENTS: INFORMED CONSENT APPLICABLE TO HIV AND GENETIC TESTING

The client submitting this request has received reasonable assurance from the ordering physician that the above named New York State patient has given informed consent for the HIV and/or genetic testing ordered and that the patient authorizes MML to report such test results directly to the ordering physician.

***For all known mutation tests, documentation of familial mutation(s) required**

Retain back copy for reference: place original with specimen.