MAYO CLINIC
Mayo Medical Laboratories

Cardiovascular Test Request Form

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Address		
City	State	Zip Code

Submitting Provider/Provider Name Information (required)

Submitting/Referring Provider *(Last, First)*

Fill in only if Call Back is required.
Phone ( ) _________ – _________
Fax * ( ) _________ – _________

Provider's National I.D. (NPI)

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

Reason for Referral (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)*		
Gender ☐ Male ☐ Female	Birth Date *(Month DD, YYYY)*	
Collection Date *(Month DD, YYYY)*	Time ☐ a.m. ☐ p.m	
Patient's Street Address		
Phone		
City	State	Zip Code

Insurance Information (required)

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		

MML Internal Use Only

Ship specimens to:
Mayo Medical Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

Visit www.MayoMedicalLaboratories.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)

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Patient Information (required)

Patient ID *(Medical Record No.)*	Client Account No.
Patient Name *(Last, First, Middle)*	Client Order No.
Birth Date *(Month DD, YYYY)*	

BIOMARKER PANELS

	Code	Test
☐	**CVRMP**	**Cardiovascular Risk Marker Panel, Serum**
	NOHDL	Non-HDL Cholesterol
	CALDL	Calculated LDL
	HDCDC	HDL Cholesterol, CDC, Serum
	TCCDC	Cholesterol, Total, CDC, Serum
	TGCD1	Triglycerides, Total, CDC, Serum
	CVINT	Interpretation
	LIPA	Lipoprotein (a), Serum
	HSCRP	C-Reactive Protein, High Sensitivity, Serum
☐	**LMPP**	**Lipoprotein Metabolism Profile**
	TCS	Cholesterol, Total, CDC, Serum
	TRIGC	Triglycerides, CDC, Serum
	APLBS	Apolipoprotein B, Serum
	HDLS	HDL Cholesterol, CDC, Serum
	LMPP1	Lipoprotein Metabolism Profile 1

LIPIDS AND LIPOPROTEINS

	Code	Test
☐	APABR	Apolipoprotein A1 and B, Plasma
☐	APLA1	Apolipoprotein A1, Plasma
☐	APLB	Apolipoprotein B, Plasma
☐	CERAM	Ceramides, Plasma
☐	HDCH	Cholesterol, HDL, Serum
☐	CHOL	Cholesterol, Total, Serum
☐	CHLE	Cholesteryl Esters, Serum
☐	NEFA	Free Fatty Acids, Total, Serum
☐	TGGB	Glycerol-Corrected Triglycerides, Serum
☐	LDLD	LDL Cholesterol (Beta-Quantification), Serum
☐	LPAWS	Lipoprotein (a) Cholesterol, Serum
☐	LIPA	Lipoprotein (a), Serum
☐	PPL	Phospholipids, Serum
☐	TRIG	Triglycerides, Serum

INFLAMMATION

	Code	Test
☐	TXBU	11-Dehydro-Thromboxane B2, Urine
☐	ADMA	Asymmetric Dimethylarginine, Plasma
☐	CFIBR	Cardiac Fibrinogen, Plasma
☐	HSCRP	C-Reactive Protein, High Sensitivity, Serum
☐	CYSTC	Cystatin C with Estimated GFR, Serum
☐	F2ISO	F2-Isoprostanes, Urine
☐	HCYSS	Homocysteine, Total, Serum
☐	PLACA	Lipoprotein-Associated Phospholipase A2 Activity, Serum

HEART FAILURE

	Code	Test
☐	ALDS	Aldosterone, Serum
☐	ACE	Angiotensin Converting Enzyme, Serum
☐	BNP	B-Type Natriuretic Peptide (BNP), Plasma
☐	GAL3	Galectin-3, Serum
☐	PBNP	NT-Pro B-Type Natriuretic Peptide (BNP), Serum
☐	PRA	Renin Activity, Plasma
☐	NACCL	Sodium, Serum
☐	ST2S	ST2, Serum
☐	TPNI	Troponin I, Serum
☐	TPNT	Troponin T, Serum

GENETICS

Next-Generation Sequencing Panels

	Code	Test
☐	ARVGP	Arrhythmogenic Cardiomyopathy Multi-Gene Panel, Blood
☐	BRGGP	Brugada Syndrome Multi-Gene Panel, Blood
☐	CCMGP	Comprehensive Cardiomyopathy Multi-Gene Panel, Blood
☐	DCMGP	Dilated Cardiomyopathy Multi-Gene Panel, Blood
☐	HCMGP	Hypertrophic Cardiomyopathy Multi-Gene Panel, Blood
☐	LQTGP	Long QT Syndrome Multi-Gene Panel, Blood
☐	MFRGP	Marfan Syndrome and Related Disorders Multi-Gene Panel, Blood
☐	NSRGP	Noonan Syndrome and Related Disorders Multi-Gene Panel, Blood

Reflex Panels

	Code	Test
☐	ADHP	Familial Hypercholesterolemia/Autosomal Dominant Hypercholesterolemia Genetic Testing Reflex Panel

Single Gene Analysis

	Code	Test
☐	FBN1B	FBN1, Full Gene Sequence
☐	LDLRS	Familial Hypercholesterolemia, LDLR Full Gene Sequencing

Cytogenetics

	Code	Test
☐	DD22F	22q11.2 Deletion/Duplication, FISH

Known Variant Analysis

	Code	Test
☐	KVAR1	Known Variant Analysis-1 Variant

PHARMACOGENOMICS

	Code	Test
☐	2C19B	Cytochrome P450 2C19 Genotype, Blood
☐	2D6CB	Cytochrome P450 2D6 (CYP2D6) Comprehensive Cascade, Blood
☐	3A4B	Cytochrome P450 3A4 Genotype, Blood
☐	SLC1B	Solute Carrier Organic Anion Transporter Family Member 1B1 (SLCO1B1) Genotype, Statin, Blood
☐	WARFB	Warfarin Sensitivity Genotype by Sequence Analysis, Blood

PHARMACOLOGY

	Code	Test
☐	FRDIG	Digoxin, Free, Serum
☐	DIG	Digoxin, Serum
☐	IMIPR	Imipramine and Desipramine, Serum
☐	WRF	Warfarin, Serum

PROTEOMICS

	Code	Test
☐	82091	Amyloid Protein Identification, Paraffin, LC-MS/MS

ANATOMIC PATHOLOGY

	Code	Test
☐	70015	Anatomic Pathology Consultation, Wet Tissue*
☐	5361	Cardiovascular or Cardiopulmonary Consultation, Autopsy
☐	MDM2F	MDM2 (12q15) Amplification, Well-Differentiated Liposarcoma/Atypical Lipomatous Tumor, FISH, Tissue
☐	DDITF	Myxoid/Round Cell Liposarcoma, 12q13 (DDIT3 or CHOP) Rearrangement, FISH, Tissue
☐	SS18F	Synovial Sarcoma (SS), 18q11.2 (SS18 or SYT) Rearrangement, FISH, Tissue
☐	SYT	Synovial Sarcoma by Reverse Transcriptase PCR (RT-PCR)

ADDITIONAL TESTS (INDICATE TEST NUMBER AND NAME)

*This test will reflex to other types of pathology consults (eg, outside slide) and stains as needed.

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