Complete, print and submit

Reset Form

MAYO CLINIC
Mayo Medical Laboratories

Neurology Specialty Testing
Client Test Request

Client Information (required)

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

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

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.*

"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.

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

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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AUTOIMMUNE CNS AND PARANEOPLASTIC DISORDERS

☐ ENS1	Encephalopathy, Autoimmune Evaluation, Serum (NMDA, VGKC, LGI1, CASPR2, GABA, AMPA, ANNA-1, ANNA-2, ANNA-3, AGNA -1, PCA-1, PCA-2, PCA-Tr, Amphiphysin, VGCC-N, VGCC-P/Q, AChR Binding, Ganglionic AChR, CRMP-5, GAD65)
☐ ENC1	Encephalopathy, Autoimmune Evaluation, Spinal Fluid (NMDA, VGKC, LGI1, CASPR2, GABA, AMPA, ANNA-1, ANNA-2, ANNA-3, AGNA -1, PCA-1, PCA-2, PCA-Tr, Amphiphysin, CRMP-5, GAD65)
☐ PAVAL	Paraneoplastic, Autoantibody Evaluation, Serum (ANNA-1, ANNA-2, ANNA-3, AGNA -1, PCA-1, PCA-2, PCA-Tr, Amphiphysin, CRMP-5, Striational, VGCC-P/Q, VGCC-N, AChR Binding, Ganglionic AChR, VGKC)
☐ PAC1	Paraneoplastic, Autoantibody Evaluation, Spinal Fluid (ANNA-1, ANNA-2, ANNA-3, AGNA -1, PCA-1, PCA-2, PCA-Tr, Amphiphysin, CRMP-5)
☐ GD65S	Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
☐ GD65C	Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Spinal Fluid

DEMENTIA

Alzheimer's Disease

☐ APOEG	Apolipoprotein E Genotyping, Blood**

Autoimmune Dementia

☐ DMS1	Dementia, Autoimmune Evaluation, Serum (NMDA, VGKC, LGI1, CASPR2, GABA, AMPA, ANNA-1, ANNA-2, ANNA-3, AGNA -1, PCA-2, PCA-Tr, Amphiphysin, VGCC-N, VGCC-P/Q, AChR Binding, Ganglionic AChR, CRMP-5, GAD65)
☐ DMC1	Dementia, Autoimmune Evaluation, Spinal Fluid (NMDA, VGKC, LGI1, CASPR2, GABA, AMPA, ANNA-1, ANNA-2, ANNA-3, AGNA -1, PCA-2, PCA-Tr, Amphiphysin, CRMP-5, GAD65)

Creutzfeld Jakob Disease

☐ P1433	14-3-3 Protein, Spinal Fluid
☐ NSESF	Neuron-Specific Enolase (NSE), Spinal Fluid

Frontotemporal Dementia

☐ C9ORF	C9orf72 Hexanucleotide Repeat, Molecular Analysis**
☐ MAPTZ	MAPT Gene, Sequence Analysis, 7 Exon Screening Panel**
☐ GRNZ	Progranulin Gene (GRN), Full Gene Analysis**

DEMYELINATING DISEASE

☐ CDS1	CNS Demyelinating Disease Evaluation, Serum (AQP4, MOG)
☐ NMOFS	Neuromyelitis Optica (NMO)/Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
☐ MOGFS	Myelin Oligodendrocyte Glycoprotein (MOG-IgG1) Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
☐ MSP2	Multiple Sclerosis (MS) Profile

DEVELOPMENTAL DELAY

☐ CMACB	Chromosomal Microarray, Congenital, Blood
☐ FXS	Fragile X Syndrome, Molecular Analysis*
☐ PWAS	Prader-Willi/Angelman Syndrome, Molecular Analysis*
☐ MECPZ	MECP2 Gene, Full Gene Analysis*

DYSAUTONOMIA

☐ DYS1	Autoimmune Dysautonomia Evaluation, Serum (ANNA-1, Striational, VGCC-N, AChR Binding, Ganglionic AChR, VGKC, GAD65, VGCC-P/Q)

EPILEPSY

☐ EPS1	Epilepsy, Autoimmune Evaluation, Serum (NMDA, VGKC, LGI1, CASPR2, GABA, AMPA, ANNA-1, ANNA-2, ANNA-3, AGNA -1, PCA-2, PCA-Tr, Amphiphysin, VGCC-N, VGCC-P/Q, AChR Binding, Ganglionic AChR, CRMP-5, GAD65)
☐ EPC1	Epilepsy, Autoimmune Evaluation, Spinal Fluid (NMDA, VGKC, LGI1, CASPR2, GABA, AMPA, ANNA-1, ANNA-2, ANNA-3, AGNA -1, PCA-2, PCA-Tr, Amphiphysin, CRMP-5, GAD65)

FOLLOW-UP TESTING - NEUROIMMUNOLOGY

☐ PNEFS	Neuroimmunology Antibody Follow-up, Serum Specify Antibody _____
☐ PNEFC	Neuroimmunology Antibody Follow-up, Spinal Fluid Specify Antibody _____

MITOCHONDRIAL DISORDERS

☐ GDF15	Growth Differentiation Factor 15 (GDF15), Plasma
☐ MITOP	Mitochondrial Full Genome Analysis by Next-Generation Sequencing (NGS)
☐ MITON	Mitochondrial Nuclear Gene Panel by Next-Generation Sequencing (NGS)
☐ MITOT	Combined Mitochondrial Analysis, Mitochondrial Full Genome and Nuclear Gene Panel

MOVEMENT DISORDERS

☐ CRAT	Chromosome Analysis, Rearrangement in Ataxia Telangiectasia, Blood
☐ DRPL	Dentatorubral-Pallidoluysian Atrophy (DRPLA) Gene Analysis*
☐ FFRWB	Friedreich Ataxia, Frataxin, Quantitative, Whole Blood
☐ HAD	Huntington Disease, Molecular Analysis*

Stiff-Person Syndrome (Autoimmune)

☐ GD65S	Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
☐ GD65C	Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Spinal Fluid

MYASTHENIA GRAVIS

☐ MGRM	Myasthenia Gravis (MG) Evaluation with MuSK Reflex, Serum (AChR Binding, AChR Modulating, Striational, AChR Modulating)
☐ MGA1	Myasthenia Gravis (MG) Evaluation, Adult (AChR Binding, AChR Modulating, Striational)
☐ MGP1	Myasthenia Gravis (MG) Evaluation, Pediatric (AChR Binding, AChR Modulating)
☐ MGT1	Myasthenia Gravis (MG) Evaluation, Thymoma (AChR Binding, AChR Modulating, Striational, CRMP-5, Ganglionic AChR, VGKC, GAD65)
☐ MGL1	Myasthenia Gravis (MG)/Lambert-Eaton Syndrome (LES) Evaluation (VGCC-P/Q, VGCC-N, AChR Binding, AChR Modulating, Striational)
☐ ARBI	Acetylcholine Receptor (Muscle AChR) Binding Antibody, Serum
☐ MUSK	Muscle-Specific Kinase (MuSK) Autoantibody, Serum

NEUROMUSCULAR: HEREDITARY

Familial Amyloidosis

☐ TTRX	Amyloidosis, Transthyretin-Associated Familial, Reflex, Blood
☐ APO1Z	Apolipoprotein A-I (APOA1) Gene, Full Gene Analysis*
☐ APO2Z	Apolipoprotein A-II (APOA2) Gene, Full Gene Analysis*
☐ FGAZ	Fibrinogen Alpha-Chain (FGA) Gene, Full Gene Analysis*
☐ LYZZ	Lysozyme (LYZ) Gene, Full Gene Analysis*

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NEUROMUSCULAR: HEREDITARY

Neuromuscular Disorders

☐ NMPAN Neuromuscular Genetic Panels by Next-Generation Sequencing (NGS)

Must select a subpanel listed below.

Distal Myopathy + Peripheral Neuropathy

- ☐ Distal Weakness Expanded Panel (217 genes)

Myopathies

- ☐ Myopathy Expanded Panel (141 genes)
- ☐ Congenital Myopathy Panel (36 genes)
- ☐ Distal Myopathy Panel (27 genes)
- ☐ Emery-Dreifuss Panel (5 genes
- ☐ Metabolic Myopathy Panel (41 genes)
- ☐ Muscular Dystrophy Panel (77 genes)
- ☐ Myofibrillar Myopathy Panel (12 genes)
- ☐ Rhabdomyolysis and Myopathy Panel (31 genes)

Motor Neuron Disease

- ☐ Motor Neuron Disease Panel (17 genes)

Neuromuscular Junction

- ☐ Congenital Myasthenic Syndromes Panel (25 genes)

Hyperexcitable Muscle Disease

- ☐ Skeletal Muscle Channelopathy Panel (6 genes)

☐ C9ORF C9orf72 Hexanucleotide Repeat, Molecular Analysis**

☐ DBMD Duchenne/Becker Muscular Dystrophy DMD Gene, Large Deletion and Duplication Analysis**

☐ SBULB Spinobulbar Muscular Atrophy (Kennedy Disease), Molecular Analysis**

Peripheral Neuropathy

☐ PMP22 PMP22, Peripheral Neuropathy, FISH

☐ PNPAN Peripheral Neuropathy Expanded Panel by Next-Generation Sequencing (NGS)**

☐ HMSNP Hereditary Motor and Sensory Neuropathy Panel by Next-Generation Sequencing (NGS)**

☐ HMNP Hereditary Motor Neuropathy Panel by Next-Generation Sequencing (NGS)**

☐ HSPP Hereditary Spastic Paraplegia Neuropathy Panel by Next-Generation Sequencing (NGS)**

☐ MSNP Metabolic/Syndromic Neuropathy Panel by Next-Generation Sequencing (NGS)**

☐ HSNP Hereditary Sensory/Autonomic Neuropathy Panel by Next-Generation Sequencing (NGS)**

☐ SEPTZ SEPT9 Gene, Mutation Screen**

PERIPHERAL NEUROPATHY: AUTOIMMUNE

Multifocal Motor Neuropathy

☐ GM1B Ganglioside Antibody Panel, Serum (Asialo GM1, IgG; Asialo GM1, IgM; Monosialo GM1, IgG; Monosialo GM1, IgM; GD1b, IgG; GD1b, IgM)

Sensory and Motor Neuropathy

☐ PAVAL Paraneoplastic, Autoantibody Evaluation, Serum (ANNA-1, ANNA-2, ANNA-3, AGNA -1, PCA-1, PCA-2, PCA-Tr, Amphiphysin, CRMP-5, Striational, VGCC-P/Q, VGCC-N, AChR Binding, Ganglionic AChR, VGKC)

☐ CRMWS Collapsin Response-Mediator Protein-5-IgG (CRMP-5-IgG) Western Blot, Serum

☐ GD65S Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum

THERAPEUTIC TESTING / DRUG MONITORING

Antiepileptic Drugs

☐ AMOBS Amobarbital, Serum

☐ CARTA Carbamazepine, Total, Serum

☐ CDP Chlordiazepoxide and Metabolite, Serum

☐ DIA Diazepam and Nordiazepam, Serum

☐ ETHSX Ethosuximide, Serum

☐ FELBA Felbamate (Felbatol), Serum

☐ GABA Gabapentin, Serum

☐ LACO Lacosamide, Serum

☐ LAMO Lamotrigine, Serum

☐ LEVE Levetiracetam, Serum

☐ OMHC Oxcarbazepine Metabolite (MHC), Serum

☐ PBR Phenobarbital, Serum

☐ PNYT Phenytoin, Total, Serum

☐ PRMB Primidone and Phenobarbital, Serum

☐ SECOS Secobarbital, Serum

☐ TIAG Tiagabine Concentration, Serum

☐ TOPI Topiramate, Serum

☐ VALPA Valproic Acid, Total, Serum

☐ ZONI Zonisamide, Serum

Pharmacogenomics

☐ PGXFP Focused Pharmacogenomics Panel (CYP1A2, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, SLCO1B1, VKORC1, CYP4F2, and rs12777823)

☐ CARPB Carbamazepine Hypersensitivity Pharmacogenomics, Blood

☐ COMT Catechol-O-Methyltransferase (COMT) Genotype

☐ 1A2 Cytochrome P450 1A2 Genotype

☐ 2C19B Cytochrome P450 2C19 Genotype, Blood

☐ 2C9B Cytochrome P450 2C9 Genotype by Sequence Analysis, Blood

☐ 2D6CB Cytochrome P450 2D6 (CYP2D6) Comprehensive Cascade, Blood

☐ 3A4B Cytochrome P450 3A4 Genotype, Blood

☐ 3A5B CYP3A5 Genotype, Blood

☐ GTPMT Thiopurine Methyltransferase (TPMT) Genotyping, Blood

☐ WARFB Warfarin Sensitivity Genotype by Sequence Analysis, Blood

ADDITIONAL TESTS (INDICATE TEST NUMBER AND NAME)

*Molecular Genetics: Congenital Inherited Diseases Patient Information (T521) form is required.
**Molecular Genetics: Neurology Patient Information form is required.

Print

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