

Client Information (required)

Client Name		
Client Account No.		
Client Phone	Client Order No.	
Street Address		
City	State	ZIP Code

Patient Information (required)

Patient ID (Medical Record No.)		
Patient Name <i>(Last, First, Middle)</i>		
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(mm-dd-yyyy)</i>	
Collection Date <i>(mm-dd-yyyy)</i>	Time	<input type="checkbox"/> am <input type="checkbox"/> pm
Street Address		
City	State	ZIP Code
Phone		

Submitting Provider Information (required)

Submitting/Referring Provider <i>(Last, First)</i>
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Fill in only if Call Back is required.

Phone (with area code)	Fax (with area code)
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 Testing (required)

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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

MCL Internal Use Only

Ship specimens to:

Mayo Clinic Laboratories
3050 Superior Drive NW
Rochester, MN 55901

Customer Service: 855-516-8404

Visit www.MayoClinicLabs.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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ALZHEIMER'S DISEASE
<input type="checkbox"/> ADEVL Alzheimer's Disease Evaluation, Spinal Fluid
<input type="checkbox"/> APOEG Apolipoprotein E Genotyping, Blood

AUTOIMMUNE CNS AND PARANEOPLASTIC DISORDERS

<input type="checkbox"/> ENS2	Encephalopathy, Autoimmune Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
<input type="checkbox"/> ENC2	Encephalopathy, Autoimmune Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
<input type="checkbox"/> K11CS	Kelch-Like Protein 11 Antibody, Cell Binding Assay, Serum
<input type="checkbox"/> K11CC	Kelch-Like Protein 11 Antibody, Cell Binding Assay, Spinal Fluid
<input type="checkbox"/> PAVAL	Paraneoplastic, Autoantibody Evaluation, Serum (VGKC, VGCC-P/Q, AChR Ganglionic, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)
<input type="checkbox"/> PAC1	Paraneoplastic, Autoantibody Evaluation, Spinal Fluid (PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)
<input type="checkbox"/> GD65S	Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
<input type="checkbox"/> GD65C	Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Spinal Fluid

Pediatric CNS Disorders	
<input type="checkbox"/> PCDEC	Pediatric Autoimmune Central Nervous System Disorders Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, GABA, AQP4, DPPX, mGluR1, PCA-Tr, ANNA-1, GAD65, GFAP)
<input type="checkbox"/> PCDES	Pediatric Autoimmune Central Nervous System Disorders Evaluation, Serum (NMDA, LGI1, CASPR2, GABA, AQP4, MOG, DPPX, mGluR1, PCA-Tr, ANNA-1, GAD65, GFAP)

AUTOIMMUNE VISION LOSS	
<input type="checkbox"/> PVLE	Paraneoplastic Vision Loss Evaluation, Serum (RCVBS, CRMS)
<input type="checkbox"/> RCVBS	Recoverin-IgG Antibody by Immunoblot, Serum

DEMENTIA

Autoimmune Dementia	
<input type="checkbox"/> DMS2	Dementia, Autoimmune Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
<input type="checkbox"/> DMC2	Dementia, Autoimmune Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)

Creutzfeldt Jakob Disease	
<input type="checkbox"/> NSEF	Neuron-Specific Enolase (NSE), Spinal Fluid

Frontotemporal Dementia	
<input type="checkbox"/> C9ORF	C9orf72 Hexanucleotide Repeat, Molecular Analysis
<input type="checkbox"/> MAPTZ	MAPT Gene, Sequence Analysis, 7 Exon Screening Panel
<input type="checkbox"/> GRNZ	Progranulin Gene (GRN), Full Gene Analysis

DEMYELINATING DISEASE

<input type="checkbox"/> CDS1	CNS Demyelinating Disease Evaluation, Serum (AQP4, MOG)
<input type="checkbox"/> NMOFS	Neuromyelitis Optica (NMO)/Aquaporin-4-IgG Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
<input type="checkbox"/> MOGFS	Myelin Oligodendrocyte Glycoprotein (MOG-IgG1) Fluorescence-Activated Cell Sorting (FACS) Assay, Serum
<input type="checkbox"/> KCSF	Immunoglobulin Kappa Free Light Chain, Spinal Fluid
<input type="checkbox"/> MSP3	Multiple Sclerosis (MS) Profile, Serum and Spinal Fluid

DEVELOPMENTAL DELAY

<input type="checkbox"/> CMACB	Chromosomal Microarray, Congenital, Blood
<input type="checkbox"/> FXS	Fragile X Syndrome, Molecular Analysis
<input type="checkbox"/> PWAS	Prader-Willi/Angelman Syndrome, Molecular Analysis
<input type="checkbox"/> MECPZ	MECP2 Gene, Full Gene Analysis

DYSAUTONOMIA

<input type="checkbox"/> DYS2	Autoimmune Dysautonomia Evaluation, Serum (LGI1, CASPR2, DPPX, AChR Ganglionic, ANNA-1, PCA-2, CRMP-5)
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EPILEPSY

Autoimmune Epilepsy	
<input type="checkbox"/> EPS2	Epilepsy, Autoimmune Evaluation, Serum (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP)
<input type="checkbox"/> EPC2	Epilepsy, Autoimmune Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, AMPA, GABA, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP)

Hereditary Epilepsy

<input type="checkbox"/> ESPAN	Epilepsy/Seizure Genetic Panels by Next-Generation Sequencing (NGS)
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Select one subpanel from the list below.

Custom Gene Panel
Custom ID _____

Early Epileptic Encephalopathy Panel (90 genes)

Encephalopathy with Seizures Panel (129 genes)

Epilepsy with Migraine Panel (7 genes)

Epilepsy Expanded Panel (192 genes)

Febrile Seizure Panel (9 genes)

Focal Epilepsy Panel (16 genes)

Infantile Spasms Panel (17 genes)

Neuronal Migration Disorders Panel (29 genes)

Progressive Myoclonic Epilepsy Panel (27 genes)

Tuberous Sclerosis Panel (2 Genes)

FOLLOW-UP TESTING - NEUROIMMUNOLOGY

<input type="checkbox"/> PNEFS	Neuroimmunology Antibody Follow-up, Serum Specify Antibody _____
<input type="checkbox"/> PNEFC	Neuroimmunology Antibody Follow-up, Spinal Fluid Specify Antibody _____

MENINGITIS

<input type="checkbox"/> CSFME	Meningitis/Encephalitis Pathogen Panel, PCR, Spinal Fluid
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HEREDITARY HEARING LOSS

<input type="checkbox"/> HHELP	AudioloGene Hereditary Hearing Loss Panel, Varies
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MITOCHONDRIAL DISORDERS	
<input type="checkbox"/>	GDF15 Growth Differentiation Factor 15, Plasma
<input type="checkbox"/>	MITOP Mitochondrial Full Genome Analysis by Next-Generation Sequencing (NGS)
<input type="checkbox"/>	MITON Mitochondrial Nuclear Gene Panel by Next-Generation Sequencing (NGS)
<input type="checkbox"/>	MITOT Combined Mitochondrial Analysis, Mitochondrial Full Genome and Nuclear Gene Panel

MOVEMENT DISORDERS	
Autoimmune Movement Disorders	
<input type="checkbox"/>	GD65S Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Serum
<input type="checkbox"/>	GD65C Glutamic Acid Decarboxylase (GAD65) Antibody Assay, Spinal Fluid
<input type="checkbox"/>	GLYCS Glycine Receptor Alpha1 IgG, Cell Binding Assay, Serum
<input type="checkbox"/>	GLYCC Glycine Receptor Alpha1 IgG, Cell Binding Assay, Spinal Fluid
<input type="checkbox"/>	K11CS Kelch-Like Protein 11 Antibody, Cell Binding Assay, Serum
<input type="checkbox"/>	K11CC Kelch-Like Protein 11 Antibody, Cell Binding Assay, Spinal Fluid
<input type="checkbox"/>	MDS2 Movement Disorder, Autoimmune Evaluation, Serum (NMDA, LGI1, CASPR2, DPPX, MGluR1, VGCC-P/Q, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GRAF1, ITPR1, NIF)
<input type="checkbox"/>	MDC2 Movement Disorder, Autoimmune Evaluation, Spinal Fluid (NMDA, LGI1, CASPR2, DPPX, MGluR1, PCA-Tr, IgLON5, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GRAF1, ITPR1, NIF)

Hereditary Movement Disorders	
<input type="checkbox"/>	DRPL Dentatorubral-Pallidoluysian Atrophy (DRPLA) Gene Analysis
<input type="checkbox"/>	FFRWB Friedreich Ataxia, Frataxin, Quantitative, Whole Blood
<input type="checkbox"/>	HAD Huntington Disease, Molecular Analysis

MYASTHENIA GRAVIS	
<input type="checkbox"/>	MGMR Myasthenia Gravis Evaluation with Muscle-Specific Kinase (MuSK) Reflex, Serum
<input type="checkbox"/>	MGLE Myasthenia Gravis/Lambert-Eaton Myasthenic Syndrome Evaluation, Serum

Stand-Alone Antibodies	
<input type="checkbox"/>	ARBI Acetylcholine Receptor (Muscle AChR) Binding Antibody, Serum
<input type="checkbox"/>	MUSK Muscle-Specific Kinase (MuSK) Autoantibody, Serum

MYELOPATHY	
<input type="checkbox"/>	MAS1 Autoimmune Myelopathy Evaluation, Serum (AQP4, MOG, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)
<input type="checkbox"/>	MAC1 Autoimmune Myelopathy Evaluation, Spinal Fluid (AQP4, DPPX, mGluR1, PCA-Tr, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin, GAD65, GFAP, NIF)

NEUROMUSCULAR	
Autoimmune Neuromuscular	
Myopathy	
<input type="checkbox"/>	NMS1 Necrotizing Myopathy Evaluation, Serum (HMGR, SRP)
Multifocal Motor Neuropathy	
<input type="checkbox"/>	GM1B Ganglioside Antibody Panel, Serum (Monosialo GM1, IgG; Monosialo GM1, IgM; Asialo GM1, IgG; Asialo GM1, IgM; GD1b, IgG; GD1b, IgM)
Sensory and Motor Neuropathy	
<input type="checkbox"/>	AIAES Autoimmune Axonal Evaluation, Serum (LGI1, CASPR2, ANNA-1, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)
<input type="checkbox"/>	MAGES Myelin Associated Glycoproteins (MAG) Autoantibodies (IgM), Serum
<input type="checkbox"/>	NF4FS Neurofascin-155 IgG4, Flow Cytometry, Serum

Hereditary Neuromuscular	
Neuromuscular Disorders	
<input type="checkbox"/>	NMPAN Neuromuscular Genetic Panels by Next-Generation Sequencing (NGS)

Select one subpanel from the list below.

Custom Gene Panel
Custom ID _____

Distal Myopathy + Peripheral Neuropathy

Distal Weakness Expanded Panel (217 genes)

Myopathies

Myopathy Expanded Panel (141 genes)

Muscular Dystrophy Panel (77 genes)

Congenital Myopathy Panel (36 genes)

Metabolic Myopathy Panel (41 genes)

Myofibrillar Myopathy Panel (12 genes)

Distal Myopathy Panel (27 genes)

Emery-Dreifuss Panel (5 genes)

Rhabdomyolysis and Myopathy Panel (31 genes)

Motor Neuron Disease	
<input type="checkbox"/>	Motor Neuron Disease Panel (17 genes)
Neuromuscular Junction	
<input type="checkbox"/>	Congenital Myasthenic Syndromes Panel (25 genes)
Hyperexcitable Muscle Disease	
<input type="checkbox"/>	Skeletal Muscle Channelopathy Panel (6 genes)
<input type="checkbox"/>	DBMD Duchenne/Becker Muscular Dystrophy, DMD Gene, Large Deletion/Duplication Analysis
<input type="checkbox"/>	SMNDX Spinal Muscular Atrophy Diagnostic Assay, Deletion/Duplication Analysis
<input type="checkbox"/>	SBULB Spinal Muscular Atrophy (Kennedy Disease), Molecular Analysis

NEUROPATHY	
Autoimmune Neuropathy	
<input type="checkbox"/>	AIAES Autoimmune Axonal Evaluation, Serum (LGI1, CASPR2, ANNA-1, ANNA-3, AGNA-1, PCA-1, PCA-2, CRMP-5, Amphiphysin)

Hereditary Peripheral Neuropathy	
<input type="checkbox"/>	PMPDD <i>PMP22</i> Gene, Large Deletion/Duplication Analysis
<input type="checkbox"/>	NPPAN Peripheral Neuropathy Genetic Panels by Next-Generation Sequencing (NGS), Blood

Select one subpanel from the list below.

Custom Gene Panel
Custom ID _____

Hereditary Motor Neuropathy Panel (23 genes)

Hereditary Sensory Neuropathy Panel (18 genes)

Metabolic or Syndromic Neuropathies (74 genes)

Motor and Sensory Neuropathy Panel (82 genes)

Peripheral Neuropathy Expanded Panel (193 genes)

SEPT9 Gene, Full Gene Analysis (1 gene)

Spastic Paraplegia Neuropathy Panel (41 genes)

SLEEP DISORDERS	
<input type="checkbox"/>	ORXNA Orexin-A/Hypocretin-1, Spinal Fluid

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THERAPEUTIC TESTING / DRUG MONITORING	
Antiepileptic Drugs	
<input type="checkbox"/>	AMOB5 Amobarbital, Serum
<input type="checkbox"/>	CARTA Carbamazepine, Total, Serum
<input type="checkbox"/>	CDP Chlordiazepoxide and Metabolite, Serum
<input type="checkbox"/>	DIA Diazepam and Nordiazepam, Serum
<input type="checkbox"/>	ETX Ethosuximide, Serum
<input type="checkbox"/>	FELBA Felbamate (Felbatol), Serum
<input type="checkbox"/>	GABA Gabapentin, Serum
<input type="checkbox"/>	LACO Lacosamide, Serum
<input type="checkbox"/>	LAMO Lamotrigine, Serum
<input type="checkbox"/>	LEVE Levetiracetam, Serum
<input type="checkbox"/>	OMHC Oxcarbazepine Metabolite, Serum
<input type="checkbox"/>	PBR Phenobarbital, Serum
<input type="checkbox"/>	PNYA Phenytoin, Total, Serum
<input type="checkbox"/>	PRMB Primidone and Phenobarbital, Serum
<input type="checkbox"/>	SECOS Secobarbital, Serum
<input type="checkbox"/>	TOPI Topiramate, Serum
<input type="checkbox"/>	VALPA Valproic Acid, Total, Serum
<input type="checkbox"/>	ZONI Zonisamide, Serum

Pharmacogenomics	
<input type="checkbox"/>	PGXQP Focused Pharmacogenomics Panel (CYP1A2, CYP2C9, CYP2C19, CYP2D6, CYP3A4, CYP3A5, SLC01B1, VKORC1, CYP4F2, and rs12777823)
<input type="checkbox"/>	CARBR Carbamazepine Hypersensitivity Pharmacogenomics, Varies
<input type="checkbox"/>	COMTQ Catechol-O-Methyltransferase (COMT) Genotype
<input type="checkbox"/>	1A2Q Cytochrome P450 1A2 Genotype
<input type="checkbox"/>	2C19R Cytochrome P450 2C19 Genotype
<input type="checkbox"/>	2C9QT Cytochrome P450 2C9 Genotype
<input type="checkbox"/>	2D6Q Cytochrome P450 2D6 Comprehensive Cascade
<input type="checkbox"/>	3A4Q Cytochrome P450 3A4 Genotype
<input type="checkbox"/>	3A5Q Cytochrome P450 3A5 Genotype
<input type="checkbox"/>	TPNUQ Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping
<input type="checkbox"/>	WARSQ Warfarin Response Genotype

ADDITIONAL TESTS (INDICATE TEST NUMBER AND NAME)