

<b>MML Internal Use Only</b>
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**Client Information (required)**

Client Name	Client ID	Client Phone	Client Order No.
Address	City	State	ZIP Code

**Patient Information (required)**

Patient ID <i>(Medical Record No.)</i>	Patient Name <i>(Last, First, Middle)</i>		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <i>(Month DD, YYYY)</i>	Collection Date <i>(Month DD, YYYY)</i>	Time <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

**Submitting Physician/Physician Name Information (required)**

Submitting/Referring Physician <i>(Last, First)</i>	<p><b>Fill in only if Call Back is required.</b></p> Phone (    ) _____ - _____ Fax* (    ) _____ - _____
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*\*Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

**Reason for Referral (required)**

	ICD-10 Diagnosis Code
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**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: Test requests without a signature will not be performed.

**Reportable Disease Information – Complete information as indicated by your state requirements:**

Patient Street Address		City, State, ZIP Code	County
Home Phone	Race/Ethnicity	Parent/Guardian Name <i>(Last, First)</i>	Specimen Type <input type="checkbox"/> Venous <input type="checkbox"/> Capillary

**Ship specimens to:**

Mayo Medical Laboratories  
3050 Superior Drive NW  
Rochester, MN 55901

**Customer Service: 800-533-1710**

**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)

Visit [www.MayoMedicalLaboratories.com](http://www.MayoMedicalLaboratories.com) for the most up-to-date test and shipping information.

