

Neurology Specialty Testing

Patient Insurance Test Request

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 <i>(Last, First)</i>
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

<p>"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."</p> <p>Signature _____</p>
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Note: It is the client's responsibility to maintain documentation of the order.

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.

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.	
Patient's Street Address		
Phone		
City	State	Zip Code

Insurance Information (required)

Subscriber's Name <i>(if different than patient)</i>		
Patient Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Other _____		
Medicare HIC Number <i>(if applicable)</i>		
Medicaid Number <i>(if applicable)</i>		
Insurance Company's Name <i>(if applicable)</i>		
Insurance Company's Street Address		
City	State	Zip Code
Policy Number		
Group Number		

MML Internal Use Only

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)

Creutzfeldt 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*
- MECPP2 MECPP2 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

PN PAN 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, SLC01B1, 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.