

# Gastroenterology and Hepatology Client 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 (Last, First)
<b>Fill in only if Call Back is required.</b> 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 _____
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**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 <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date (Month DD, YYYY)	
Collection Date (Month DD, YYYY)	Time	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Patient's Street Address		
Phone		
City	State	Zip Code

## Reason for Referral (required)

Reason for Referral
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
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## Ship specimens to:

Mayo Clinic Laboratories  
3050 Superior Drive NW  
Rochester, MN 55901

**Customer Service: 855-516-8404**

Visit [www.MayoClinicLabs.com](http://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)

## Patient Information (required)

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

INFLAMMATORY BOWEL DISEASE (IBS)	
<b>Diagnosis</b>	
<input type="checkbox"/> CALPR	Calprotectin, Feces
<b>Therapeutic Drug Monitoring</b>	
<input type="checkbox"/> ADALX	Adalimumab Quantitative with Reflex to Antibody, Serum
<input type="checkbox"/> FCZAC	Certolizumab and Anti-Certolizumab Antibody
<input type="checkbox"/> INFXR	Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum
<input type="checkbox"/> TPMT3	Thiopurine Methyltransferase (TPMT) Activity Profile, Erythrocytes
<input type="checkbox"/> TPNUV	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping, Varies
<input type="checkbox"/> THIO	Thiopurine Metabolites, Whole Blood
<input type="checkbox"/> USTEK	Ustekinumab Quantitation with Antibodies, Serum
<input type="checkbox"/> VEDOL	Vedolizumab Quantitation with Reflex to Antibodies, Serum
<input type="checkbox"/> VEDOZ	Vedolizumab Quantitation with Antibodies, Serum
<b>Monogenic IBD</b>	
<input type="checkbox"/> IBDGP	Inflammatory Bowel Disease Primary Immunodeficiency (PID) Panel

CELIAC DISEASE	
<b>Cascades</b>	
<input type="checkbox"/> CDSP	Celiac Disease Serology Cascade
<input type="checkbox"/> CDCOM	Celiac Disease Comprehensive Cascade
<input type="checkbox"/> CDGF	Celiac Disease Gluten-Free Cascade
<b>Individual Tests</b>	
<input type="checkbox"/> FAEAB	Anti-Enterocyte Antibodies
<input type="checkbox"/> CELI	Celiac Associated HLA-DQ Alpha 1 and DQ Beta 1 DNA Typing, Blood
<input type="checkbox"/> FEGAT	Endomysial (EMA) IgG antibody titer
<input type="checkbox"/> EMA	Endomysial Antibodies (IgA), Serum
<input type="checkbox"/> DGLDN	Gliadin (Deamidated) Antibodies Evaluation, IgG and IgA, Serum
<input type="checkbox"/> DAGL	Gliadin (Deamidated) Antibody, IgA, Serum
<input type="checkbox"/> DGGL	Gliadin (Deamidated) Antibody, IgG, Serum
<input type="checkbox"/> IGA	Immunoglobulin A (IgA), Serum
<input type="checkbox"/> IGG	Immunoglobulin G (IgG), Serum
<input type="checkbox"/> IGM	Immunoglobulin M (IgM), Serum
<input type="checkbox"/> IMMIG	Immunoglobulins (IgG, IgA, and IgM), Serum
<input type="checkbox"/> TSTGP	Tissue Transglutaminase (tTG) Antibodies, IgA and IgG Profile, Serum
<input type="checkbox"/> TTGA	Tissue Transglutaminase (tTG) Antibody, IgA, Serum
<input type="checkbox"/> TTGG	Tissue Transglutaminase (tTG) Antibody, IgG, Serum

DIARRHEA	
<b>Clostridium difficile</b>	
<input type="checkbox"/> CDFRP	Clostridioides (Clostridium) difficile Toxin, Molecular Detection, PCR, Feces
<input type="checkbox"/> CDIF	Clostridioides (Clostridium) difficile Culture, Varies
<b>GI Pathogens</b>	
<input type="checkbox"/> GIP	Gastrointestinal Pathogen Panel, PCR, Feces
<input type="checkbox"/> CYCL	Cyclospora Stain, Feces
<input type="checkbox"/> CRYPS	Cryptosporidium Antigen, Feces
<input type="checkbox"/> GIAR	Giardia Antigen, Feces
<input type="checkbox"/> OAP	Ova and Parasite, Concentrate and Permanent Smear, Microscopy, Feces
<input type="checkbox"/> OAPNS	Ova and Parasite Examination, Non-Stool
<input type="checkbox"/> PARID	Parasite Identification
<input type="checkbox"/> PINW	Pinworm Exam, Perianal
<input type="checkbox"/> ROTA	Rotavirus Antigen, Feces
<input type="checkbox"/> STFRP	Shiga Toxin, Molecular Detection, PCR, Feces
<input type="checkbox"/> STL	Enteric Pathogens Culture, Feces
<input type="checkbox"/> WHIPB	Tropheryma whipplei, Molecular Detection, PCR, Blood
<input type="checkbox"/> LCMSPP	Microsporidia species, Molecular Detection, PCR
<input type="checkbox"/> TWRP	Tropheryma whipplei, Molecular Detection, PCR, Varies
<input type="checkbox"/> UREDF	Reducing Substance, Feces

BILE ACID MALABSORPTION	
<input type="checkbox"/> 7AC4	7AC4, Bile Acid Synthesis, Serum
<input type="checkbox"/> BA48F	Bile Acids, Bowel Dysfunction, 48 Hour, Feces
<input type="checkbox"/> BAFS	Bile Acids, Fractionated and Total, Serum
<input type="checkbox"/> BAPS	Bile Acid Profile, Serum
<input type="checkbox"/> BILEA	Bile Acids, Total, Serum
<input type="checkbox"/> FATF	Fat, Feces
<input type="checkbox"/> FBAC	Bile Acids, Urine

HELICOBACTER PYLORI	
<input type="checkbox"/> HPSA	Helicobacter pylori Antigen, Feces
<input type="checkbox"/> UBT	Helicobacter pylori Breath Test
<input type="checkbox"/> HELIS	Helicobacter pylori Culture with Antimicrobial Susceptibilities, Varies
<input type="checkbox"/> HPFRP	Helicobacter pylori with Clarithromycin Resistance Prediction, Molecular Detection, Feces
<input type="checkbox"/> HPCRPP	Helicobacter pylori with Clarithromycin Resistance Prediction, Molecular Detection, PCR

MOTILITY DISORDERS	
<input type="checkbox"/> GID2	Autoimmune Gastrointestinal Dysmotility Evaluation, Serum

HEPATITIS	
<b>Acute/Chronic</b>	
<input type="checkbox"/> AHEP	Acute Hepatitis Profile, Serum
<input type="checkbox"/> CRHEP	Chronic Hepatitis (Unknown Type), Serum
<input type="checkbox"/> PHEP	Previous Hepatitis (Unknown Type), Serum
<input type="checkbox"/> CHSBP	Chronic Hepatitis Profile (Type B), Serum

Hepatitis A	
<input type="checkbox"/> HAIGG	Hepatitis A IgG Antibody, Serum
<input type="checkbox"/> HAIGM	Hepatitis A IgM Antibody, Serum
<input type="checkbox"/> FHASQ	Hepatitis A Qualitative PCR HAV SuperQual

Hepatitis B	
<input type="checkbox"/> HBIM	Hepatitis B Core Antibody, IgM, Serum
<input type="checkbox"/> HBC	Hepatitis B Core Total Antibodies, Serum
<input type="checkbox"/> CORAB	Hepatitis B Core Total Antibodies, with Reflex to Hepatitis B Core Antibody IgM, Serum
<input type="checkbox"/> HEAB	Hepatitis B e-Antibody, Serum
<input type="checkbox"/> HEAG	Hepatitis B e-Antigen and Hepatitis B e-Antibody, Serum
<input type="checkbox"/> EAG	Hepatitis B e-Antigen, Serum
<input type="checkbox"/> HBABT	Hepatitis B Surface Antibody Monitor, Post-Transplant, Serum
<input type="checkbox"/> HBABY	Hepatitis B Perinatal Exposure Follow-up Panel, Serum
<input type="checkbox"/> HBAB	Hepatitis B Surface Antibody, Qualitative/Quantitative, Serum
<input type="checkbox"/> HBAG	Hepatitis B Surface Antigen, Serum
<input type="checkbox"/> HBAGP	Hepatitis B Surface Antigen Prenatal, Serum
<input type="checkbox"/> HBVQN	Hepatitis B Virus (HBV) DNA Detection and Quantification by Real-Time PCR, Serum
<input type="checkbox"/> HBGCD	Hepatitis B Surface Antigen for Cadaveric or Hemolyzed Specimens, Serum

Hepatitis C	
<input type="checkbox"/> HCSRN	Hepatitis C Virus (HCV) Antibody Screen with Reflex to HCV RNA by PCR, Serum
<input type="checkbox"/> HCVDX	Hepatitis C Virus (HCV) Antibody with Reflex to HCV RNA by PCR, Serum
<input type="checkbox"/> HCVDR	Hepatitis C Virus Genotypic Drug Resistance, Serum
<input type="checkbox"/> HCVQN	Hepatitis C Virus (HCV) RNA Detection and Quantification by Real-Time Reverse Transcription-PCR (RT-PCR), Serum
<input type="checkbox"/> HCVL	Hepatitis C Virus Antibody Confirmation, Serum

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Patient Name <i>(Last, First, Middle)</i>	Client Order No.
Birth Date <i>(Month DD, YYYY)</i>	

- ☐ HCCDD Hepatitis C Virus Antibody in Cadaveric or Hemolyzed Specimens, Serum
- ☐ HCCAD Hepatitis C Virus Antibody Screen for Cadaveric or Hemolyzed Specimens, Serum
- ☐ HCVG Hepatitis C Virus Genotype, Serum
- ☐ HCVQG Hepatitis C Virus (HCV) RNA Quantification with Reflex to HCV Genotype, Serum

### Hepatitis D

- ☐ AHDV Hepatitis D Virus Total Antibodies, Serum

### Hepatitis E

- ☐ HEVG Hepatitis E Virus IgG Antibody, Serum
- ☐ HEVM Hepatitis E Virus IgM Antibody Screen with Reflex to Confirmation, Serum
- ☐ HEVML Hepatitis E Virus IgM Antibody Confirmation, Serum
- ☐ HEVQU Hepatitis E Virus RNA Detection and Quantification by Real-Time RT-PCR, Serum

### NONALCOHOLIC FATTY LIVER DISEASE

- ☐ FIBRO FibroTest-ActiTest, Serum
- ☐ NSFIB Nonalcoholic Steatohepatitis (NASH)-FibroTest, Serum and Plasma

### WILSON DISEASE

- ☐ CERS Ceruloplasmin, Serum
- ☐ CUCRU Copper/Creatinine Ratio, Random, Urine
- ☐ CUS Copper, Serum
- ☐ CUT Copper, Liver Tissue
- ☐ CUU Copper, 24 Hour, Urine
- ☐ WDZ Wilson Disease, Full Gene Analysis, Varies

### HEPATOCELLULAR CARCINOMA (HCC)

- ☐ HCCGS Hepatocellular Carcinoma Risk Panel Includes:  
- AFP-L3% and Total AFP, Serum  
- Des-Gamma-Carboxy Prothrombin, Serum  
- GALAD Score Calculation
- ☐ L3AFP Alpha-Fetoprotein (AFP) L3% and Total, Hepatocellular Carcinoma Tumor Marker, Serum
- ☐ DCP Des-Gamma-Carboxy Prothrombin (DCP), Serum

### AUTOIMMUNE LIVER DISEASE

- ☐ ALDG Autoimmune Liver Disease Panel, Serum Includes:  
- Mitochondrial Antibodies (M2), Serum  
- Smooth Muscle Antibodies Screen, Serum  
- Antinuclear Antibodies (ANA), Serum
- ☐ AMA Mitochondrial Antibodies (M2), Serum

- ☐ SMAS Smooth Muscle Antibody Screen, Serum  
Note: reflex to Smooth Muscle Antibody Titer, Serum if positive
- ☐ ANA2 Antinuclear Antibodies (ANA), Serum
- ☐ LKM Liver/Kidney Microsome Type 1 Antibodies, Serum
- ☐ A2M Alpha-2-Macroglobulin, Serum
- ☐ FSLAA Soluble Liver Antigen (SLA) Autoantibody

### ALPHA-1-ANTITRYPSIN (A1A) DEFICIENCY

- ☐ A1ALC Alpha-1-Antitrypsin Proteotype S/Z by LC-MS/MS, Serum
- ☐ A1APP Alpha-1-Antitrypsin Phenotype, Serum
- ☐ AAT Alpha-1-Antitrypsin, Serum
- ☐ A1AFS Alpha-1-Antitrypsin Clearance, Feces and Serum
- ☐ SERPZ SERPINA1 Gene, Full Gene Analysis

### LYSOSOMAL ACID LIPASE DEFICIENCY

- ☐ LALB Lysosomal Acid Lipase, Blood

### PANCREATITIS

- ☐ AMBF Amylase, Body Fluid
- ☐ FAMYS Amylase, Isoenzymes
- ☐ PAMY Amylase, Pancreatic, Serum
- ☐ RAMSU Amylase, Random, Urine
- ☐ AMSU Amylase, Timed Collection, Urine
- ☐ FELAS Elastase, Pancreatic, Serum
- ☐ HPPAN Hereditary Pancreatitis Panel
- ☐ ELASF Pancreatic Elastase, Feces

### PANCREATIC CANCER

- ☐ AMLPC Amylase, Pancreatic Cyst Fluid

### COLON CANCER

- ☐ APCZ APC Gene, Full Gene Analysis
- ☐ FOBT Fecal Occult Blood, Colorectal Cancer Screen, Qualitative, Immunochemical, Feces
- ☐ LYNCH Lynch Syndrome Panel
- ☐ MSI Microsatellite Instability (MSI), Tumor
- ☐ ML1HM MLH1 Hypermethylation Analysis, Tumor
- ☐ MYHZ MUTYH Gene, Full Gene Analysis
- ☐ PTENZ PTEN Gene, Full Gene Analysis
- ☐ RASFP RAS/RAF Targeted Gene Panel by Next-Generation Sequencing, Tumor

### PATHOLOGY

- ☐ PATHC Pathology Consultation

### ALLERGY

Our full menu of allergy testing can be viewed at [gi.testcatalog.org](http://gi.testcatalog.org)

### GENETICS

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