

Renal Diagnostics Test Request

Client Information (required)

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

Submitting Healthcare Professional Information (required)

Submitting/Referring Healthcare Professional <small>(Last, First)</small>

Fill in only if Call Back is required.

Phone <small>(with area code)</small>	Fax* <small>(with area code)</small>
National Provider Identification (NPI)	

**Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

Clinical Information

<input type="checkbox"/> Native biopsy <input type="checkbox"/> Allograft biopsy: Transplant date <small>(mm-dd-yyyy)</small> : _____ Original disease: _____		
Indications		
<input type="checkbox"/> Hematuria	<input type="checkbox"/> Acute kidney failure	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Systemic lupus	<input type="checkbox"/> Proteinuria	<input type="checkbox"/> Family history
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other, specify: _____	

For a list of tests related to kidney transplantation, see Kidney Transplant Test Request (MC0767-37).

Patient Information (required)

Patient ID <small>(Medical Record No.)</small>	
Patient Name <small>(Last, First Middle)</small>	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date <small>(mm-dd-yyyy)</small>
Collection Date <small>(mm-dd-yyyy)</small>	Time <input type="checkbox"/> am <input type="checkbox"/> pm

Ethnicity

<input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> European <input type="checkbox"/> Latine/Latinx <input type="checkbox"/> Other: _____
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Pathologist Name (required)

Submitting/Referring Pathologist <small>(Last, First)</small>	
Phone <small>(with area code)</small>	Fax* <small>(with area code)</small>

**Fax number given must be from a fax machine that complies with applicable HIPAA regulation.*

MCL Internal Use Only



Ship specimens to:
 Mayo Clinic Laboratories
 3050 Superior Drive NW
 Rochester, MN 55905

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)

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RENAL PATHOLOGY

Medical Renal Disease and Renal Transplant Monitoring

RPCWT* Renal Pathology Consultation, Wet Tissue

RPCWT includes diagnostic interpretation of a medical kidney biopsy by integrating light microscopy, immunofluorescence, and electron microscopy findings together with clinical and laboratory data for the patient.

Renal Pathology Tests Available to Order Individually

ALPRT Alport (Collagen IV Alpha 5 and Alpha 2) Immunofluorescent Stain, Renal Biopsy

AMPIP Amyloid Protein Identification, Paraffin, Mass Spectrometry

MSCG Collagenofibrotic Glomerulopathy Confirmation, Mass Spectrometry

DNJB9 DNAJB9 Immunostain, Technical Component Only

EXT2 Exostosin 2 (EXT2) Immunostain, Technical Component Only

MSFGN Fibrillary Glomerulonephritis Confirmation, Mass Spectrometry, Paraffin Tissue

MSFNG Fibronectin Glomerulopathy Confirmation, Mass Spectrometry

SUBIF Immunoglobulin G (IgG) Subtypes Immunofluorescence, Tissue

IGG4I IgG4 Immunostain, Technical Component Only

MSMN Membranous Nephropathy Target Antigen Identification, Mass Spectrometry, Tissue

PLAIF Phospholipase A2 Receptor (PLA2R), Renal Biopsy

SEMA3 Semaphorin 3B (SEMA3B) Immunostain, Technical Component Only

THSIF Thrombospondin Type 1 Domain Containing 7A (THSD7A), Immunofluorescence

Note: As required, these tests are performed with RPCWT.

KIDNEY FUNCTION AND DIALYSIS MONITORING

Dialysis Monitoring

ALWB Aluminum, Blood

AL Aluminum, Serum

UEBF Urea Nitrogen, Body Fluid
Indicate specimen type _____

GDUCR Gadolinium/Creatinine Ratio, Random, Urine

DOXA1 Oxalate Analysis, Hemodialysate

POXA1 Oxalate, Plasma

Kidney Function / Monitoring

DHVD 1,25-Dihydroxyvitamin D, Serum

25HDN 25-Hydroxyvitamin D2 and D3, Serum

ALB24 Albumin, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

ALBR Albumin, Random, Urine

ALB Albumin, Serum

A124 Alpha-1-Microglobulin, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

RA1U Alpha-1-Microglobulin, Random, Urine

HCO3 Bicarbonate, Serum

BUN Blood Urea Nitrogen (BUN), Serum

CLU Chloride, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

RCHLU Chloride, Random, Urine

CL Chloride, Serum

CTU Creatinine, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

CRBF Creatinine, Body Fluid
Indicate specimen type _____

RCTUR Creatinine, Random, Urine

CRCL Creatinine Clearance, Serum and 24-Hour Urine
Volume _____ mL
Collection duration _____ h

CRTS1 Creatinine with Estimated Glomerular Filtration Rate (eGFR), Serum

CSTCE Cystatin C with Estimated Glomerular Filtration Rate (eGFR), Serum

EFPO Electrolyte and Osmolality Panel, Feces

EOSU1 Eosinophils, Random, Urine

HSRC* Iohexol, Glomerular Filtration Rate, Plasma and Urine

HEXP Iohexol, Plasma

HEXU Iohexol, Timed Collection, Urine
Volume _____ mL
Collection duration _____ h

NSRC* Iothalamate, Glomerular Filtration Rate, Plasma and Urine

UOSMU Osmolality, Random, Urine

UOSMS Osmolality, Serum

PHOS Phosphorus (Inorganic), Serum

RPTU1 Protein/Creatinine Ratio, Random, Urine

12PU1 Protein, Total, 12 Hour, Urine
Volume _____ mL
Collection duration _____ h

PTU Protein, Total, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

TP Protein, Total, Serum

RFAMA Renal Function Panel, Serum

RB24 Retinol-Binding Protein, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

RBR Retinol-Binding Protein, Random, Urine

SGUR Specific Gravity, Random, Urine

URAU Urea, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

URCON Urea, Random, Urine

RURC1 Uric Acid/Creatinine Ratio, Random, Urine

URIC Uric Acid, Serum

GENETIC TESTING FOR HEREDITARY RENAL DISORDERS

ALAGP Alagille Syndrome Gene Panel, Varies
Indicate specimen type _____

ALPGP Alport Syndrome Gene Panel, Varies
Indicate specimen type _____

APOL1 APOL1 Genotype, Varies
Indicate specimen type _____

AHUGP Atypical Hemolytic Uremic Syndrome (aHUS)/Thrombotic Microangiopathy (TMA)/Complement 3 Glomerulopathy (C3G) Gene Panel, Varies
Indicate specimen type _____

RBART Bartter Syndrome Gene Panel, Varies
Indicate specimen type _____

CASRG CASR Full Gene Sequencing with Deletion/Duplication, Varies
Indicate specimen type _____

NEPHP Comprehensive Nephrology Gene Panel, Varies
Indicate specimen type _____

CGPH Custom Gene Panel, Hereditary, Next-Generation Sequencing, Varies
Indicate specimen type _____

CKDGP Cystic Kidney Disease Gene Panel, Varies
Indicate specimen type _____

***Contact Sales Representative for testing approval.**

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- RFSGS Focal Segmental Glomerulosclerosis (FSGS) and Nephrotic Syndrome Gene Panel, Varies
Indicate specimen type _____
 - ADPKP Focused Autosomal Dominant Polycystic Kidney Disease Gene Panel, Varies
Indicate specimen type _____
 - RSCGP Nephrocalcinosis, Nephrolithiasis, and Renal Electrolyte Imbalance Gene Panel, Varies
Indicate specimen type _____
 - TTRZ TTR Gene, Full Gene Analysis, Varies
Indicate specimen type _____
- Note: Known Variant Testing Also Available—call to order.

HYPERTENSION TESTING

- Basic Hypertension Testing**
- ALBR Albumin, Random, Urine
 - AHPRU Antihypertension Panel, Random, Urine
 - BMAMA Basic Metabolic Panel, Serum
 - CMAMA Comprehensive Metabolic Panel, Serum
 - LPSC1 Lipid Panel, Serum
 - PALD Aldosterone, Plasma
 - PRA Renin Activity, Plasma
 - THSCM Thyroid Function Cascade, Serum
 - URIC Uric Acid, Serum

Cushings Syndrome

- CORTU Cortisol, Free, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- CTU Creatinine, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- SALCT Cortisol, Saliva

Genetic Tests

- NEPHP Comprehensive Nephrology Gene Panel, Varies
Indicate specimen type _____
- RSCGP Nephrocalcinosis, Nephrolithiasis, and Renal Electrolyte Imbalance Gene Panel, Varies
Indicate specimen type _____

Hyperaldosteronism

- ALDNA Aldosterone with Sodium, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- KS Potassium, Serum
- PALD Aldosterone, Plasma
- PRA Renin Activity, Plasma

Hyperthyroidism

- FRT4 T4 (Thyroxine), Free, Serum
- FRT4D T4 (Thyroxine), Free, Dialysis, Serum
- HTG2 Thyroglobulin, Tumor Marker, Serum
- PTH2 Parathyroid Hormone, Serum
- RT3 T3 (Triiodothyronine), Reverse, Serum
- STSH Thyroid-Stimulating Hormone-Sensitive (s-TSH), Serum
- T3 T3 (Triiodothyronine), Total, Serum
- T4 T4 (Thyroxine), Total Only, Serum
- TGMS Thyroglobulin Mass Spectrometry, Serum
- THSCM Thyroid Function Cascade, Serum

Pheochromocytoma

- 3MT 3-Methoxytyramine, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- CATU Catecholamine Fractionation, Free, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- CTU Creatinine, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- METAF Metanephrines, Fractionated, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- PMET Metanephrines, Fractionated, Free, Plasma

ADDITIONAL RENAL DISEASE TESTING

Glomerular Disease – Nephritic

- ALB24 Albumin, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
 - A124 Alpha-1-Microglobulin, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
 - RA1U Alpha-1-Microglobulin, Random, Urine
 - VASC Antineutrophil Cytoplasmic Antibodies Vasculitis Panel, Serum
- Note: Includes MPO and PR3 with reflex to ANCA if positive.
- ANA2 Antinuclear Antibodies (ANA), Serum
 - C3 Complement C3, Serum
 - C4 Complement C4, Serum
 - CRY_S Cryoglobulin, Serum
 - ANCA Cytoplasmic Neutrophil Antibodies, Serum

- GBM Glomerular Basement Membrane Antibodies, IgG, Serum
- MPO Myeloperoxidase Antibodies, IgG, Serum
- CLPMG Phospholipid (Cardiolipin) Antibodies, IgG and IgM, Serum
- PR3 Proteinase 3 Antibodies, IgG, Serum
- PTU Protein, Total, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- RAPAN Rheumatoid Arthritis Panel, Serum
- RHUT Rheumatoid Factor, Serum

Glomerular Disease – Nephrotic

- ALB24 Albumin, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- A124 Alpha-1-Microglobulin, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- RA1U Alpha-1-Microglobulin, Random, Urine
- MPQU Monoclonal Protein Quantitation, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- QMPSS Monoclonal Protein Study, Quantitative, Serum
- FLCS Immunoglobulin Free Light Chains, Serum
- RFSGS Focal Segmental Glomerulosclerosis (FSGS) and Nephrotic Syndrome Gene Panel, Varies
Indicate specimen type _____
- RMPQU Monoclonal Protein Quantitation, Random, Urine
- RSMPU Monoclonal Protein Screen, Random, Urine
- SMPU Monoclonal Protein Screen, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- MPU Monoclonal Protein Studies, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h
- RMPU Monoclonal Protein Studies, Random, Urine
- OPTU Orthostatic Protein, Timed Collection, Urine
Volume _____ mL
Collection duration _____ h

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PLA2I Phospholipase A2 Receptor, Immunofluorescence, Serum

PLA2M Phospholipase A2 Receptor, Monitoring, Enzyme-Linked Immunosorbent Assay, Serum

PMND1 Primary Membranous Nephropathy Diagnostic Cascade, Serum

PTU Protein, Total, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

THSD7 Thrombospondin Type-1 Domain-Containing 7A Antibodies, Serum

Hyperoxaluria

RSCGP Nephrocalcinosis, Nephrolithiasis, and Renal Electrolyte Imbalance Gene Panel, Varies
Indicate specimen type _____

HYOX Hyperoxaluria Panel, Random, Urine

OXU Oxalate, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

DOXA1 Oxalate Analysis, Hemodialysate

POXA1 Oxalate, Plasma

ROXUR Oxalate, Random, Urine

Monoclonal Gammopathy

MPQU Monoclonal Protein Quantitation, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

QMPSS Monoclonal Protein Study, Quantitative, Serum

FLCS Immunoglobulin Free Light Chains, Serum

RMPQU Monoclonal Protein Quantitation, Random, Urine

RSMPU Monoclonal Protein Screen, Random, Urine

SMPU Monoclonal Protein Screen, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

MPU Monoclonal Protein Studies, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

RMPU Monoclonal Protein Studies, Random, Urine

Nephrogenic Systemic Fibrosis

GDU Gadolinium, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

GDUCR Gadolinium/Creatinine Ratio, Random, Urine

GDS Gadolinium, Serum

Renal Tubular Dysfunction

A124 Alpha-1-Microglobulin, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

RA1U Alpha-1-Microglobulin, Random, Urine

B2MU Beta-2 Microglobulin, Random, Urine

B2M Beta-2-Microglobulin, Serum

CITER Citrate Excretion, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

CITRA Citrate Excretion, Random, Urine

RB24 Retinol-Binding Protein, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

RBR Retinol-Binding Protein, Random, Urine

RTRP2 Tubular Reabsorption of Phosphorus, Random Urine and Serum

Nephrolithiasis

AMMO Ammonium, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

RAMBO Ammonium, Random, Urine

CALU Calcium, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

CACR3 Calcium/Creatinine Ratio, Random, Urine

CITER Citrate Excretion, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

CITRA Citrate Excretion, Random, Urine

HYOX Hyperoxaluria Panel, Random, Urine

KIDST Kidney Stone Analysis

MAGU Magnesium, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

MAGRU Magnesium/Creatinine Ratio, Random, Urine

RSCGP Nephrocalcinosis, Nephrolithiasis, and Renal Electrolyte Imbalance Gene Panel, Varies
Indicate specimen type _____

OXU Oxalate, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

POXA1 Oxalate, Plasma

ROXUR Oxalate, Random, Urine

POU Phosphorus, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

RPHOC Phosphorus, Random, Urine

SULFU Sulfate, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

SUP24 Supersaturation Profile, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

SUPRA Supersaturation Profile, Random, Urine

URCU Uric Acid, 24 Hour, Urine
Volume _____ mL
Collection duration _____ h

Thrombotic Microangiopathy

ADAMP ADAMTS13 Activity with Reflex Inhibitor Profile, Plasma

ADAMS ADAMTS13 Activity Assay, Plasma

AHUSD Atypical Hemolytic Uremic Syndrome Complement Panel, Serum and Plasma

AHUGP Atypical Hemolytic Uremic Syndrome (aHUS)/Thrombotic Microangiopathy (TMA)/Complement 3 Glomerulopathy (C3G) Gene Panel, Varies
Indicate specimen type _____

AH50 Alternative Complement Pathway, Functional, Serum

ECMP Eculizumab Monitoring Panel, Serum

ECULI Eculizumab, Serum

STFRP Shiga Toxin, Molecular Detection, PCR, Feces

Unexplained Osteomalacia/Hypophosphatemia

DHVD 1,25-Dihydroxyvitamin D, Serum

25HDN 25-Hydroxyvitamin D2 and D3, Serum

IFG23 Intact Fibroblast Growth Factor 23, Serum

PTH2 Parathyroid Hormone, Serum

ADDITIONAL TESTS (INDICATE TEST ID AND NAME)
