

### Client Information (required)

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

### 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)
National Provider Identification (NPI)	

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

### Reason for Testing (required)

<hr/> <hr/> <hr/> <hr/> <hr/>
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

"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.

#### Ship specimens to:

Mayo Clinic Laboratories  
3050 Superior Drive NW  
Rochester, MN 55901

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

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

### 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		

#### MCL 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)

## Patient Information (required)

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Birth Date <i>(mm-dd-yyyy)</i>	

CONTROLLED SUBSTANCE AND ADDICTION REHABILITATION MONITORING (URINE)	
<b>Monitoring Profiles</b>	
<input type="checkbox"/> CSMTU	Controlled Substance Monitoring Targeted Profile, 17 Drug Classes, Mass Spectrometry, Random, Urine
<input type="checkbox"/> CSMHU	Controlled Substance Monitoring Hybrid Drug Profile, 20 Drug Classes, High-Resolution Mass Spectrometry and Immunoassay Screen, Random, Urine
<input type="checkbox"/> CSMPU*	Controlled Substance Monitoring Panel, Random, Urine
<input type="checkbox"/> CSMEU*	Controlled Substance Monitoring Enhanced Profile with Reflex, 21 Drug Classes, High Resolution Mass Spectrometry and Immunoassay Screen, Random, Urine
*If the limited immunoassay screen is positive, confirmation with quantification of presumptive positives will be performed.	
INDIVIDUALLY ORDERABLE ASSAYS	
<b>Specimen Validity Testing</b>	
<input type="checkbox"/> ADULT	Adulterants Survey, Random, Urine
<b>Targeted Screening</b>	
<input type="checkbox"/> TOSU	Targeted Opioid Screen, Random, Urine
<input type="checkbox"/> TBSU	Targeted Benzodiazepine Screen, Random, Urine
<input type="checkbox"/> TSPU	Targeted Stimulant Screen, Random, Urine
<b>Central Nervous System Depressants</b>	
<b>Alcohol</b>	
<input type="checkbox"/> ETGS	Ethyl Glucuronide Screen, Random, Urine
<input type="checkbox"/> ETGR	Ethyl Glucuronide Screen with Reflex, Random, Urine
<input type="checkbox"/> ETGC	Ethyl Glucuronide Confirmation, Random, Urine
<b>Barbiturates</b>	
<input type="checkbox"/> BARBU	Barbiturates Confirmation, Random, Urine
<b>Benzodiazepines</b>	
<input type="checkbox"/> TBSU	Targeted Benzodiazepine Screen, Random, Urine
Note: This test identifies 27 different benzodiazepines and/or metabolites.	
<input type="checkbox"/> BNZU	Benzodiazepines Confirmation, Random, Urine

<b>Opioids</b>	
<input type="checkbox"/> TOSU	Targeted Opioid Screen, Random, Urine
Note: This test identifies 33 different opioids and/or metabolites.	
<b>Buprenorphine</b>	
<input type="checkbox"/> BUPS	Buprenorphine Screen, Random, Urine
<input type="checkbox"/> BUPR	Buprenorphine Screen with Reflex, Random, Urine
<input type="checkbox"/> BUPM	Buprenorphine and Norbuprenorphine, Random, Urine
<b>Fentanyl</b>	
<input type="checkbox"/> FENS	Fentanyl Screen, Random, Urine
<input type="checkbox"/> FENR	Fentanyl Screen with Reflex, Random, Urine
<input type="checkbox"/> FENTU	Fentanyl with Metabolite Confirmation, Random, Urine
<b>Heroin Metabolites</b>	
<input type="checkbox"/> 6MAMU	6-Monoacetylmorphine Confirmation, Random, Urine
<b>Hydrocodone</b>	
<input type="checkbox"/> HYDCU	Hydrocodone with Metabolite Confirmation, Random, Urine
<input type="checkbox"/> HYDMU	Hydromorphone Confirmation, Random, Urine
<b>Methodone</b>	
<input type="checkbox"/> MTDNU	Methodone Confirmation, Random, Urine
<b>Opiates</b>	
<input type="checkbox"/> OPATU	Opiates Confirmation, Random, Urine
<b>Oxycodone</b>	
<input type="checkbox"/> OXYSU	Oxycodone Screen, Random, Urine
<input type="checkbox"/> OXYCU	Oxycodone with Metabolite Confirmation, Random, Urine
<b>Oxymorphone</b>	
<input type="checkbox"/> OXYMU	Oxymorphone Confirmation, Random, Urine
<b>Tapentadol</b>	
<input type="checkbox"/> TAPEN	Tapentadol and Metabolite, Random, Urine
<b>Tramadol</b>	
<input type="checkbox"/> TRAM	Tramadol and Metabolite, Random, Urine

<b>Central Nervous System Stimulants</b>	
<input type="checkbox"/> TSPU	Targeted Stimulant Screen, Random, Urine
Note: This test identifies 10 different stimulants and/or metabolites along with PCP.	
<b>Amphetamines</b>	
<input type="checkbox"/> AMPHU	Amphetamines Confirmation, Random, Urine
<b>Cocaine</b>	
<input type="checkbox"/> COKEU	Cocaine and Metabolite Confirmation, Random, Urine
<b>Methylphenidate</b>	
<input type="checkbox"/> MPHNU	Methylphenidate and Metabolite, Random, Urine
<b>Nicotine</b>	
<input type="checkbox"/> NICOU	Nicotine and Metabolites, Random, Urine
<b>Other Illicit Substances</b>	
<b>Hallucinogens</b>	
<input type="checkbox"/> PCPU	Phencyclidine Confirmation, Random, Urine
<b>Marijuana</b>	
<input type="checkbox"/> THCU	Carboxy-Tetrahydrocannabinol (THC) Confirmation, Random, Urine
<input type="checkbox"/> THCCR	Carboxy-Tetrahydrocannabinol (THC-COOH) Confirmation and Creatinine Ratio, Random, Urine

NEONATAL EXPOSURE MONITORING (MECONIUM)	
<b>Monitoring Profiles</b>	
<input type="checkbox"/> DASM4	Drugs of Abuse Screen, Meconium 4
<input type="checkbox"/> DASM5	Drugs of Abuse Screen, Meconium 5
<b>Central Nervous System Stimulants</b>	
<b>Amphetamines</b>	
<input type="checkbox"/> AMPHM	Amphetamine-Type Stimulants, Confirmation, Meconium
<b>Cocaine</b>	
<input type="checkbox"/> COKEM	Cocaine and Metabolite Confirmation, Meconium
<b>Opioids</b>	
<b>Opiates</b>	
<input type="checkbox"/> OPATM	Opiate Confirmation, Meconium
<b>Heroin Metabolites</b>	
<input type="checkbox"/> 6MAMM	6-Monoacetylmorphine (6-MAM), Confirmation, Meconium
<b>Other Illicit Substances</b>	
<b>Hallucinogens</b>	
<input type="checkbox"/> PCPMC	Phencyclidine (PCP) Confirmation, Meconium
<b>Marijuana</b>	
<input type="checkbox"/> THCM	11-nor-Delta-9-Tetrahydrocannabinol-9-Carboxylic Acid (Carboxy-THC) Confirmation, Meconium

For Serum, Urine, and Meconium Chain of Custody testing, see page 4.

## Patient Information (required)

Patient ID (Medical Record No.)	Client Account No.
Patient Name <i>(Last, First, Middle)</i>	Client Order No.
Birth Date <i>(mm-dd-yyyy)</i>	

THERAPEUTIC DRUG MONITORING (SERUM/WHOLE BLOOD)	
<b>Alcohol (Ethanol and Metabolites)</b>	
<input type="checkbox"/> ALC	Ethanol, Blood
<input type="checkbox"/> CDTA	Carbohydrate Deficient Transferrin, Adult, Serum
<b>Opioids</b>	
<input type="checkbox"/> FENTS	Fentanyl and Metabolites, Serum
<input type="checkbox"/> MDNS	Methadone and Metabolites, Serum
<b>Antiarrhythmics</b>	
<input type="checkbox"/> AMIO	Amiodarone, Serum
<input type="checkbox"/> FRDIG	Digoxin, Free, Serum
<input type="checkbox"/> DIG	Digoxin, Serum
<input type="checkbox"/> FLEC	Flecainide, Serum
<input type="checkbox"/> LID	Lidocaine, Serum
<input type="checkbox"/> MEX	Mexiletine, Serum
<input type="checkbox"/> PA	Procainamide and N-acetylprocainamide, Serum
<input type="checkbox"/> PFN	Propafenone, Serum
<input type="checkbox"/> QUIN	Quinidine, Serum
<b>Antibiotics</b>	
<input type="checkbox"/> PAMIK	Amikacin, Peak, Serum
<input type="checkbox"/> RAMIK	Amikacin, Random, Serum
<input type="checkbox"/> TAMIK	Amikacin, Trough, Serum
<input type="checkbox"/> GENPA	Gentamicin, Peak, Serum
<input type="checkbox"/> GENRA	Gentamicin, Random, Serum
<input type="checkbox"/> GENTA	Gentamicin, Trough, Serum
<input type="checkbox"/> SFZ	Sulfamethoxazole, Serum
<input type="checkbox"/> TOBPA	Tobramycin, Peak, Serum
<input type="checkbox"/> TOBRA	Tobramycin, Random, Serum
<input type="checkbox"/> TOBTA	Tobramycin, Trough, Serum
<input type="checkbox"/> VANPA	Vancomycin, Peak, Serum
<input type="checkbox"/> VANRA	Vancomycin, Random, Serum
<input type="checkbox"/> VANTA	Vancomycin, Trough, Serum
<b>Antiepileptics/Anticonvulsants</b>	
<input type="checkbox"/> CARTF	Carbamazepine Profile, Serum
<input type="checkbox"/> CARFT	Carbamazepine, Free and Total, Serum
<input type="checkbox"/> CARF	Carbamazepine, Free, Serum
<input type="checkbox"/> CARTA	Carbamazepine, Total, Serum
<input type="checkbox"/> CARBG	Carbamazepine-10,11-Epoxy, Serum
<input type="checkbox"/> CLOBZ	Clobazam and Metabolite, Serum
<input type="checkbox"/> CZPS	Clonazepam and 7-Aminoclonazepam, 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"/> LEFLU	Leflunomide Metabolite (Teriflunomide), Serum
<input type="checkbox"/> LEVE	Levetiracetam, Serum
<input type="checkbox"/> MEPHS	Mephobarbital and Phenobarbital, Serum
<input type="checkbox"/> OMHC	Oxcarbazepine Metabolite, Serum
<input type="checkbox"/> PBR	Phenobarbital, Serum
<input type="checkbox"/> PNYF	Phenytoin, Free, Serum
<input type="checkbox"/> PNTFT	Phenytoin, Total and Free, Serum
<input type="checkbox"/> PNYG	Phenytoin, Total and Phenobarbital Group, Serum
<input type="checkbox"/> PNYA	Phenytoin, Total, Serum
<input type="checkbox"/> PGN	Pregabalin, Serum
<input type="checkbox"/> PRMB	Primidone and Phenobarbital, Serum
<input type="checkbox"/> RUF1	Rufinamide, Serum
<input type="checkbox"/> TOPI	Topiramate, Serum
<input type="checkbox"/> TMP	Trimethoprim, Serum
<input type="checkbox"/> VALPG	Valproic Acid, Free and Total, Serum
<input type="checkbox"/> VALPF	Valproic Acid, Free, Serum
<input type="checkbox"/> VALPA	Valproic Acid, Total, Serum
<input type="checkbox"/> ZONI	Zonisamide, Serum
<b>Antidepressant/SSRI</b>	
<input type="checkbox"/> AMTRP	Amitriptyline and Nortriptyline, Serum
<input type="checkbox"/> CITAL	Citalopram, Serum
<input type="checkbox"/> CLOM	Clomipramine, Serum
<input type="checkbox"/> DESPR	Desipramine, Serum
<input type="checkbox"/> DXPIN	Doxepin and Nordoxepin, Serum
<input type="checkbox"/> DULOX	Duloxetine, Serum
<input type="checkbox"/> FLUOX	Fluoxetine, Serum
<input type="checkbox"/> IMIPR	Imipramine and Desipramine, Serum
<input type="checkbox"/> NOTRP	Nortriptyline, Serum
<input type="checkbox"/> PARO	Paroxetine, Serum
<input type="checkbox"/> TRMP	Trimipramine, Serum
<input type="checkbox"/> VENLA	Venlafaxine, Serum
<b>Antifungals</b>	
<input type="checkbox"/> FLUC	5-Flucytosine, Serum
<input type="checkbox"/> ITCON	Itraconazole, Serum
<input type="checkbox"/> POSA	Posaconazole, Serum
<b>Antineoplastic Agents</b>	
<input type="checkbox"/> BUAUC	Busulfan, Intravenous Dose, Area Under the Curve, Plasma
<input type="checkbox"/> MTHX	Methotrexate, Serum

<b>Antipsychotics/Mood Stabilizers</b>	
<input type="checkbox"/> CLZ	Clozapine, Serum
<input type="checkbox"/> HALO	Haloperidol, Serum
<input type="checkbox"/> LITH	Lithium, Serum
<b>Barbiturates</b>	
<input type="checkbox"/> BUTAS	Butalbital, Serum
<input type="checkbox"/> PENTS	Pentobarbital, Serum
<input type="checkbox"/> PBR	Phenobarbital, Serum
<input type="checkbox"/> SECOS	Secobarbital, Serum
<b>Benzodiazepines</b>	
<input type="checkbox"/> CDP	Chlordiazepoxide and Metabolite, Serum
<input type="checkbox"/> CZPS	Clonazepam and 7-Aminoclonazepam, Serum
<input type="checkbox"/> DIA	Diazepam and Nordiazepam, Serum
<b>Biologics</b>	
<input type="checkbox"/> ADALX	Adalimumab Quantitative with Reflex to Antibody, Serum
<input type="checkbox"/> ECUMP	Eculizumab Monitoring Panel, Serum
<input type="checkbox"/> ECULI	Eculizumab, Serum
<input type="checkbox"/> INFXR	Infliximab Quantitation with Reflex to Antibodies to Infliximab, Serum
<input type="checkbox"/> USTEK	Ustekinumab Quantitation with Antibodies, Serum
<input type="checkbox"/> VEDOZ	Vedolizumab Quantitation with Antibodies, Serum
<input type="checkbox"/> VEDOL	Vedolizumab Quantitation with Reflex to Antibodies, Serum
<b>Bronchodilators</b>	
<input type="checkbox"/> CAFF	Caffeine, Serum
<input type="checkbox"/> THEO	Theophylline, Serum
<b>Immunosuppressants</b>	
<input type="checkbox"/> CYSPR	Cyclosporine, Blood
<input type="checkbox"/> CYCPK	Cyclosporine, Peak, Blood
<input type="checkbox"/> EVROL	Everolimus, Blood
<input type="checkbox"/> HCQ	Hydroxychloroquine, Serum
<input type="checkbox"/> MPA	Mycophenolic Acid, Serum
<input type="checkbox"/> SIIRO	Sirolimus, Whole Blood
<input type="checkbox"/> TAKRO	Tacrolimus, Blood
<input type="checkbox"/> TACPK	Tacrolimus, Peak, Blood
<b>Stimulants</b>	
<input type="checkbox"/> CAFF	Caffeine, Serum
<input type="checkbox"/> NICOS	Nicotine and Metabolites, Serum
<input type="checkbox"/> NCSRY	Nicotine Survey, Serum

**Patient Information (required)**

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CLINICAL AND FORENSIC TOXICOLOGY	
<b>Emergency/Overdose</b>	
<b>Urine</b>	
<input type="checkbox"/> CDAU5	Drug Abuse Survey with Confirmation, Panel 5, Random, Urine
<input type="checkbox"/> CDAU7	Drug Abuse Survey with Confirmation, Panel 9, Random, Urine
<input type="checkbox"/> CDAU	Drug Abuse Survey with Confirmation, Random, Urine
<input type="checkbox"/> PDSU	Drug Screen, Prescription/ Over the Counter, Random, Urine
<input type="checkbox"/> VLTU	Volatile Screen, Random, Urine
<b>Serum/Blood</b>	
<input type="checkbox"/> COHBB	Carbon Monoxide, Blood
<input type="checkbox"/> DSS	Drug Screen, Prescription/ Over the Counter, Serum
<input type="checkbox"/> ALC	Ethanol, Blood
<input type="checkbox"/> ETGL	Ethylene Glycol, Serum
<input type="checkbox"/> HYPOG	Hypoglycemic Agent Screen, Serum
<input type="checkbox"/> MTXSG	Methotrexate Post Glucarpidase, Serum
<input type="checkbox"/> VLTB	Volatile Screen, Blood
<input type="checkbox"/> VLTS	Volatile Screen, Serum
<b>Chain of Custody</b>	
<b>Urine</b>	
<input type="checkbox"/> 6MAMX	6-Monoacetylmorphine, Chain of Custody, Random, Urine
<input type="checkbox"/> ADLTX	Adulterants Survey, Chain of Custody, Random, Urine
<input type="checkbox"/> AMPHX	Amphetamines Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> BARBX	Barbiturates Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> BNZX	Benzodiazepines Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> BUPMX	Buprenorphine and Norbuprenorphine, Chain of Custody, Random, Urine
<input type="checkbox"/> THCX	Carboxy-Tetrahydrocannabinol (THC) Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> COKEX	Cocaine and Metabolite Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> CDAUX	Drug Abuse Panel with Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> CDA5X	Drug Abuse Survey with Confirmation, Panel 5, Chain of Custody, Random, Urine
<input type="checkbox"/> CDA7X	Drug Abuse Survey with Confirmation, Panel 9, Chain of Custody, Random, Urine
<input type="checkbox"/> PDSUX	Drug Screen, Prescription/ Over the Counter, Chain of Custody, Random, Urine

<input type="checkbox"/> ETGX	Ethyl Glucuronide Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> FENTX	Fentanyl with Metabolite Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> MTDNX	Methadone Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> OPATX	Opiates Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> OXYSX	Oxycodone Screen, Chain of Custody, Random, Urine
<input type="checkbox"/> OXYCX	Oxycodone with Metabolite Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> PANOX	Pain Clinic Survey 10, Chain of Custody, Random, Urine
<input type="checkbox"/> PCPX	Phencyclidine Confirmation, Chain of Custody, Random, Urine
<input type="checkbox"/> VLTUX	Volatile Screen, Chain of Custody, Random, Urine
<b>Serum/Blood</b>	
<input type="checkbox"/> ALCX	Ethanol, Chain of Custody, Blood
<input type="checkbox"/> DSSX	Drug Screen, Prescription/ Over the Counter, Chain of Custody, Serum
<input type="checkbox"/> FNTSX	Fentanyl and Metabolite, Chain of Custody, Serum
<b>Meconium</b>	
<input type="checkbox"/> THCMX	11-nor-Delta-9-Tetrahydrocannabinol-9-Carboxylic Acid (Carboxy-THC) Confirmation, Chain of Custody, Meconium
<input type="checkbox"/> MAMMX	6-Monoacetylmorphine (6-MAM) Confirmation, Chain of Custody, Meconium
<input type="checkbox"/> AMPMX	Amphetamine-Type Stimulants, Confirmation, Chain of Custody, Meconium
<input type="checkbox"/> COKMX	Cocaine and Metabolite Confirmation, Chain of Custody, Meconium
<input type="checkbox"/> DSM4X	Drugs of Abuse Screen 4, Chain of Custody, Meconium
<input type="checkbox"/> DSM5X	Drugs of Abuse Screen 5, Chain of Custody, Meconium
<input type="checkbox"/> OPTMX	Opiate Confirmation, Chain of Custody, Meconium
<input type="checkbox"/> PCPMX	Phencyclidine (PCP) Confirmation, Chain of Custody, Meconium
ADDITIONAL TESTS (INDICATE TEST CODE AND NAME)	
_____	
_____	
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PHARMACOGENOMICS	
<b>Multi-Gene Panels</b>	
<input type="checkbox"/> PGXQP	Focused Pharmacogenomics Panel, Varies
<input type="checkbox"/> PSYQP	Psychotropic Pharmacogenomics Gene Panel, Varies
<input type="checkbox"/> CARBR	Carbamazepine Hypersensitivity Pharmacogenomics, Varies
<input type="checkbox"/> TPNUQ	Thiopurine Methyltransferase (TPMT) and Nudix Hydrolase (NUDT15) Genotyping, Varies
<input type="checkbox"/> WARSQ	Warfarin Response Genotype, Varies
<b>Single Gene Tests</b>	
<input type="checkbox"/> AIHL	Aminoglycoside-Induced Hearing Loss, Targeted Variant Testing, Droplet Digital PCR, Varies
<input type="checkbox"/> COMTQ	Catechol-O-Methyltransferase (COMT) Genotype, Varies
<input type="checkbox"/> 3A5Q	Cytochrome P450 3A5 Genotype, Varies
<input type="checkbox"/> 1A2Q	Cytochrome P450 1A2 Genotype, Varies
<input type="checkbox"/> 2B6Q	Cytochrome P450 2B6 Genotype, Varies
<input type="checkbox"/> 2C19R	Cytochrome P450 2C19 Genotype, Varies
<input type="checkbox"/> 2C9QT	Cytochrome P450 2C9 Genotype, Varies
<input type="checkbox"/> 2D6Q	Cytochrome P450 2D6 (CYP2D6) Comprehensive Cascade, Varies
<input type="checkbox"/> 3A4Q	Cytochrome P450 3A4 Genotype, Varies
<input type="checkbox"/> DPYDQ	Dihydropyrimidine Dehydrogenase Genotype, Varies
<input type="checkbox"/> DPYDG	Dihydropyrimidine Dehydrogenase, DPYD Full Gene Sequencing, Varies
<input type="checkbox"/> G6PDB	Glucose-6-Phosphate Dehydrogenase (G6PD) Full Gene Sequencing, Varies
<input type="checkbox"/> HL57R	HLA-B*57:01 Genotype, Pharmacogenomics, Varies
<input type="checkbox"/> HL58R	HLA-B*5801 Genotype, Allopurinol Hypersensitivity, Varies
<input type="checkbox"/> IL28Q	Interleukin 28B (IL28B) Variant (rs12979860), Varies
<input type="checkbox"/> NAT2Q	N-Acetyltransferase 2 (NAT2) Genotype, Varies
<input type="checkbox"/> SLC1Q	Solute Carrier Organic Anion Transporter Family Member 1B1 (SLCO1B1) Genotype, Statin, Varies
<input type="checkbox"/> U1A1Q	UDP-Glucuronosyltransferase 1A1 TA Repeat Genotype, UGT1A1, Varies
<input type="checkbox"/> UGTFG	UDP-Glucuronosyltransferase 1A1 (UGT1A1), Full Gene Sequencing, Varies