MAYO CLINIC LABORATORIES

Downtime Form

To: Mayo Clinic Laboratories
Attn: Dr. William G. Morice, II
3050 Superior Drive NW
Rochester, MN 55905
Fax: 507-266-5700

Check the box of the shipping temperature.

A	R	F
Ambient	**Refrigerate**	**Frozen**

Client Information

Client Account	Client Name	
Address (Street, City, State, ZIP Code)		Country

Patient Information

Patient Name (Last, First Middle)			Birth Date (mm-dd-yyyy)
Sex Assigned at Birth ☐ Male ☐ Female ☐ Unknown ☐ Choose not to disclose		Legal/Administrative Sex ☐ Male ☐ Female ☐ Nonbinary	
Patient ID	Client Order Number	Collection Date (mm-dd-yyyy)	Collection Time (hh:mm) ☐ am ☐ pm

Ordering Provider Name (Last, First)	Phone

Mayo Clinic Laboratories Test ID and Test Name, REQUIRED

Test ID	Test Name
Ask at Order Entry Question(s) and Answer(s) (if applicable)	

If shared specimen, complete REQUIRED information below.

Shared Test ID(s)	Shared Order Number(s)

Client Comments