



Referring a Patient to: Mayo Clinic Accelerated Viral Referral Center (MAVRC)

Please fax this form to: (480) 342-1569

For questions, please call: (480) 342-2444

Thank you for referring your patient to Mayo Clinic.

Referring Physician Information

Referring Physician's Name			Date (mm/dd/yyyy)
Office Address			UPIN No.
City	State	Zip	Telephone
Reply to Fax No.	Contact Person		

Patient Information

Patient Name	First	Middle Initial	Last	Sex	SSN
Address				County	
City	State	Zip	Date of Birth (mm/dd/yyyy)		
Home Telephone	Work Telephone		Cell Phone		
Other Contacts					
Insurance No. 1	Policy No.	ID No.	Subscriber	Benefit Contact	
Insurance No. 2	Policy No.	ID No.	Subscriber	Benefit Contact	

Medical Information

Select either of the following that may apply:

- Limited Examination** - the limited track would involve an initial consult with Mayo Clinic followed by a letter with treatment recommendation.
- Full Examination** - the full assistance track involves an initial consult and is available to doctors who prefer to have their HCV patients treated at Mayo Clinic.

Both of these examinations will include Clinical Trial consideration.

HCV Tests

Recommend lab tests prior to examination visit: CBC with diff, PT/INR, Liver function tests, BMP, Baseline HCV DNA Quantitative, TSH, AFP, Females - Pregnancy Test, HBcAb, HbsAb, HBsAg, HAV IgG/IgM, HCV genotype, HCV RNA

Fax the following information:

- Most recent history and physical notes
- List of current medications
- Most recent labs, including HCV recommended labs
- Liver biopsy