

**Expertise Delivered Personally**  
 Michigan Medicine – University of Michigan  
 Department of Pathology – MLabs  
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 Ann Arbor, MI 48109-5054  
 734-936-2598 • 800-862-7284  
 www.mlabs.umich.edu

Client	Patient Reg or MRN:		
	Patient Name: Last	First	MI
Ward	Birthdate:		Gender: OM OF
	Ordering Doctor: Last	First	NPI#

<input checked="" type="checkbox"/> STAT	<input type="checkbox"/> Fasting	<input type="checkbox"/> Non-Fasting	Collected By	Collection Date	Collection Time	Oam	Opm
Patient Address		City	State	ZIP	Home Phone #		
Policy Holders Name		Primary Insurance (Card Name)		Primary Policy/Contract #	Primary Group #	Policy Holders DOB	
Policy Holders Name		Secondary Insurance (Card Name)		Secondary Policy/Contract #	Secondary Group #	Policy Holders DOB	
Bill To:	<input type="checkbox"/> Client/Referring Institution		<input type="checkbox"/> Patient/Insurance		If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the referring client.		
<input type="checkbox"/> Medicare =		<input type="checkbox"/> In Patient on DOS	<input type="checkbox"/> Out Patient on DOS	<input type="checkbox"/> Non Patient on DOS			

**ICD-10 CODES**

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ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only tests that are medically necessary for the diagnosis and treatment of the patient.

**REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS**

Referring Physician	Referring Institution	Phone	Fax
Address	City	State	ZIP
			Country

Circle test(s) requested. See MLabs Test Catalog at www.mlabs.umich.edu for specimen collection and handling requirements.

**STORAGE TEMPERATURE:** Refrigerate tests except: **F** = Frozen **RT** = Room Temperature

PANELS	Code	Description	Specimen	Temp	Code	Description	Specimen	Temp	Code	Description	Specimen	Temp
HHH	S	Acute Hepatitis Panel <sup>1,3</sup>	S	F	CPEP	C-Peptide <sup>2</sup>	G	F	PMET	Metanephrines and Normetanephrines	L	F
EBVPL	S	Epstein Barr Antibody Panel	S	F	CRYS	Crystal Exam (synovial fluid) <sup>1,3</sup>	G	F	MTX	Methotrexate	R	F
ALCO	G	Volatiles Group by GC <sup>1</sup>	G	F	CCP	Cyclic Citrullinated Peptide Antibody	S	F	MMAS	Methylmalonic Acid, Serum	R	F
17OHP	S	17-Hydroxyprogesterone	S	F	CYCLO	Cyclosporine	L	F	MITO	Mitochondrial Antibody	S	F
ACTMN	S	Acetaminophen <sup>1</sup>	S	F	CMVG	Cytomegalovirus, IgG	S	F	MGE2	Monoclonal Gammopathy Evaluation <sup>2,3</sup>	S	F
ACTH	F	Adrenocorticotropic Hormone (ACTH) <sup>2</sup>	L	F	CMVM	Cytomegalovirus, IgM	S	F	MUMPG	Mumps Virus, IgG	S	F
ALD	S	Aldolase, Serum	S	F	DHEA	DHEA	S	F	MYO	Myoglobin, Serum <sup>1</sup>	S	F
SALDO	F	Aldosterone, Serum	S	F	DHEAS	DHEA Sulfate (DHEA-S)	S	F	NCAB	Neutrophil Cytoplasmic Antibody <sup>3</sup>	S	F
FALKI	F	Alkaline Phosphatase Isoenzymes	S	F	ADNA	DNA Antibody, Double-Stranded	S	F	OSMO	Osmolality, Serum <sup>1</sup>	S	F
A1AT	S	Alpha-1 Antitrypsin (includes CRP)	S	F	EVERO	Everolimus	S	F	OSMOU	Osmolality, Urine <sup>1</sup>	U	F
AFP	S	Alpha Fetoprotein, Tumor Marker	S	F	HPT	Haptoglobin, Serum	S	F	PTHl	Parathyroid Hormone, Intact (includes Ca)	S	F
ACE	S	Angiotensin Converting Enzyme	S	F	HPSA	Helicobacter pylori Antigen, Stool	F	F	MPTHl	Parathyroid Hormone, Intact (send Ca result)	S	F
ANA	S	Antinuclear Antibody Screen	S	F	A1C	Hemoglobin A1c	L	F	FDIL	Phenytoin, Protein Free	R	F
ANA2	S	Antinuclear Antibody Screen (+reflex) <sup>3</sup>	S	F	KBT	Hemoglobin, Fetal <sup>1</sup>	L	F	PSAFT	Prostate Specific Antigen, Free & Total <sup>2</sup>	S	F
AT3	F	Antithrombin III Activity <sup>2</sup>	B	F	HGBE	Hemoglobin Fractionation (send CBC results) <sup>3</sup>	L	F	PCA	Protein C Activity <sup>2</sup>	B	F
ATAGN	F	Antithrombin III Antigen <sup>2</sup>	B	F	HITAB	Heparin Antibody Assay <sup>2</sup>	B	F	PCAG	Protein C Antigen <sup>2</sup>	B	F
B2MIC	S	Beta 2 Microglobulin, Serum	S	F	HBCMA	Hepatitis B Core Antibody, IgM	S	F	PSACT	Protein S Activity <sup>2</sup>	B	F
BJQ	S	Bence Jones Protein Quantitative <sup>3</sup>	U	F	HBCAB	Hepatitis B Core Antibody, IgG & IgM <sup>3</sup>	S	F	PSAGF	Protein S Antigen, Free <sup>2</sup>	B	F
BJS	S	Bence Jones Protein Screen <sup>3</sup>	U	F	HBSAB	Hepatitis B Surface Antibody	S	F	TPE	Protein Electrophoresis, Serum <sup>3</sup>	S	F
CSFCD	CSF	Body Fluid Analysis, CSF <sup>1,3</sup>	CSF	F	HBSAG	Hepatitis B Surface Antigen	S	F	UPE	Protein Electrophoresis, Urine <sup>3</sup>	U	F
BFFCD	CSF	Body Fluid Analysis <sup>1,3</sup>	CSF	F	HCAB	Hepatitis C Antibody <sup>1,3</sup>	S	F	PRA	Renin (Angiotensin) <sup>2</sup>	L	F
BORSC	S	Borrelia (Lyme Disease) Antibody by EIA <sup>3</sup>	S	F	QHCV	Hepatitis C Virus Quant by PCR	S	F	RUBG	Rubella Virus, IgG	S	F
C3	S	C3 Complement	S	F	HSPV	Herpes simplex Ab Types 1 & 2, IgG	S	F	ROBG	Rubella Virus, IgG	S	F
C4	S	C4 Complement	S	F	PCRHS	Herpes simplex DNA by PCR CSF	CSF	F	SIRO	Sirolimus	L	F
ICAL	S	Calcium, Ionized <sup>1,2</sup>	S	F	HIVC	HIV-1/HIV-2 Antigen Antibody Combo <sup>1,3,4</sup>	S	F	SM	Smooth Muscle Antibody	U	F
CALQ	U	Calcium, Urine, 24 Hour	U	F	HCY	Homocysteine, Total, Plasma <sup>2</sup>	L	F	SODU/SODQ	Sodium, Urine	S	F
CA125	S	CA 125	S	F	OXCRCB	Hydroxycarbazine	R	F	IGF1	Insulin-Like Growth Factor (IGF-1) S	S	F
CA153	S	CA 15-3	S	F	IGA	Immunoglobulin A Quantitation	S	F	CASA	Stone Analysis, Source:	S	F
CA199	S	CA 19-9	S	F	IGE	Immunoglobulin E Quantitation	S	F	ASO	Streptolysin O Antibody	S	F
CAB	S	Cardiolipin Antibody	S	F	IGG	Immunoglobulin G Quantitation	S	F	FT3	T3 (Triiodothyronine), Free	S	F
CLIAAC	S	Celiac Disease Dx Algorithm	S	F	IGM	Immunoglobulin M Quantitation	S	F	T3	T3 (Triiodothyronine), Total	S	F
CERUL	S	Ceruloplasmin	S	F	IGS	Immunoglobulin Quantitation (IgG, IgM, IgA)	S	F	T3U	T3 (Triiodothyronine), Uptake	S	F
CGAK	R	Chromogranin A	R	F	INS	Insulin	G	F	FT4	T4 (Thyroxine), Free	S	F
CH50	F	Complement, Total (CH50) <sup>2</sup>	S	F	LEAD	Lead (send Lead form)	TN	F	T4	T4 (Thyroxine), Total	S	F
CORT	S	Cortisol, Serum	S	F	LEVE	Levetiracetam	S	F	TACRO	Tacrolimus	L	F
UFQC	U	Cortisol, Urine	U	F	LASAY	Lupus Anticoagulant Screen <sup>2</sup>	B	F	QFTB	TB Gold Quantiferon <sup>2</sup>	Q	F
									TESTO	Testosterone	S	F

**MICROBIOLOGY/VIROLOGY**  
 Source:  
 Do NOT Perform Susceptibilities <sup>5</sup>

BAFB	S	Culture, Acid Fast Bacilli <sup>5</sup>
TBD*	RT	Culture, Other <sup>5</sup>
ORID	RT	Organism Identification <sup>5</sup>
PCRFL	M4	Influenza A & B by PCR
PCRRV	M4	Respiratory Syncytial Virus (RSV) by PCR
PCRSC	M4	Influenza A & B and RSV by PCR
RPAN	M4	Resp Pathogen Panel
PCRBP	M4	Comprehensive PCR
PHSV	M4	Bordetella pertussis/parapertussis DNA by PCR
TBD*	M4	Herpes simplex DNA, Types 1&2
TBD*	AP	C trachomatis (CT) and N gonorrhoeae (GC) RNA
TBD*	AP	Trichomonas vaginalis RNA
HPVD	AP	STI Panel (CT, GC, TRICH) RNA
OPE	GRN	HPV DNA High Risk Assay
OPE	GRN	Ova and Parasites <sup>3</sup>
OPC	GRN	Cryptosporidium Exam
GAG	OR	Giardia Antigen, Stool
GIPAN	OR	Gastrointestinal Pathogen Panel by PCR (comprehensive)

\*TBD = Code varies, see test catalog

Specimen Type: S = SST R = Red L = Lavender G = Green P = Pink B = Blue (citrate) N = Navy (no additive) NE = Navy (EDTA) TN = Tan BK = Black  
 U = Urine F = Feces M4 = Viral AP = Aptima OR = Orange (Para-Pak) GRN = Green (Para-Pak)

Copy Distribution: White – Laboratory Yellow – MLabs SP Pink – Client Revised: 5-16-2017 V-REFR

1 Test available on STAT basis. STAT priority box at the top of this requisition must be checked.  
 2 Special collection instructions or specimen handling is required. See MLabs Test Catalog at www.mlabs.umich.edu.  
 3 By ordering this test, the clinician acknowledges that additional reflex testing and/or pathologist interpretation will be performed and billed at a separate additional charge if indicated.  
 4 By ordering this test, the clinician acknowledges they have obtained informed written consent from the patient as required by applicable state or federal laws.  
 5 Test includes susceptibility testing at an additional charge unless specifically declined.