HOSPITAL REQUISITION

MLabs
Expertise Delivered Personally

Michigan Medicine – University of Michigan
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Client
REFR

Ward
REFR

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: ○M ○F

Ordering Doctor: Last First NPI#

■ STAT ☐ Fasting ☐ Non-Fasting | Collected By | Collection Date | Collection Time ○am ○pm

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: ☐ Client/Referring Institution ☐ Patient/Insurance
☐ Medicare = ☐ In Patient on DOS ☐ Out Patient on DOS ☐ Non Patient on DOS

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.

ICD-10 CODES

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.

ADDITIONAL INSTRUCTIONS AND/OR TESTS

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

HHH	Acute Hepatitis Panel [1,3]	S
EBVPL	Epstein Barr Antibody Panel	S
ALCO	Volatiles Group by GC [1]	G
17OHP	17-Hydroxyprogesterone	S
ACTMN	Acetaminophen [1]	S
ACTH F	Adrenocorticotropic Hormone (ACTH) [2]	L
ALD	Aldolase, Serum	S
SALDO F	Aldosterone, Serum	S
FALKI F	Alkaline Phosphatase Isoenzymes	S
A1AT	Alpha-1 Antitrypsin (includes CRP)	S
AFP	Alpha Fetoprotein, Tumor Marker	S
ACE	Angiotensin Converting Enzyme	S
ANA	Antinuclear Antibody Screen	S
ANA2	Antinuclear Antibody Screen (+reflex) [3]	S
AT3 F	Antithrombin III Activity [2]	B
ATAGN F	Antithrombin III Antigen [2]	B
B2MIC	Beta 2 Microglobulin, Serum	S
BJQ	Bence Jones Protein Quantitative [3]	U
BJS	Bence Jones Protein Screen [3]	U
CSFCD	Body Fluid Analysis, CSF [1,3]	CSF
BFFCD	Body Fluid Analysis [1,3] Source:_____	BF
BORSC	Borrelia (Lyme Disease) Antibody by EIA [3]	S
C3	C3 Complement	S
C4	C4 Complement	S
ICAL	Calcium, Ionized [1,2]	S
CALQ	Calcium, Urine, 24 Hour	U
CA125	CA 125	S
CA153	CA 15-3	S
CA199	CA 19-9	S
CAB	Cardiolipin Antibody	S
CLIAC	Celiac Disease Dx Algorithm	S
CERUL	Ceruloplasmin	S
CGAK F	Chromogranin A	R
CH50 F	Complement, Total (CH50) [2]	S
CORT	Cortisol, Serum	S
UFCQ	Cortisol, Urine	U
CPEP F	C-Peptide [2]	G
CRYS	Crystal Exam (synovial fluid) [1,3]	G
CCP F	Cyclic Citrullinated Peptide Antibody	S
CYCLO	Cyclosporine	L
CMVG	Cytomegalovirus, IgG	S
CMVM	Cytomegalovirus, IgM	S
DHEA F	DHEA	S
DHEAS F	DHEA Sulfate (DHEA-S)	S
ADNA	DNA Antibody, Double-Stranded	S
EVERO	Everolimus	S
HPT	Haptoglobin, Serum	S
HPSA	Helicobacter pylori Antigen, Stool	F
A1C	Hemoglobin A1c	L
KBT	Hemoglobin, Fetal [1]	L
HGBE	Hemoglobin Fractionation (send CBC results) [3]	L
HITAB F	Heparin Antibody Assay [2]	B
HBCMA	Hepatitis B Core Antibody, IgM	S
HBCAB	Hepatitis B Core Antibody, IgG & IgM [3]	S
HBSAB	Hepatitis B Surface Antibody	S
HBSAG	Hepatitis B Surface Antigen	S
HCAB	Hepatitis C Antibody [1,3]	S
QHCV	Hepatitis C Virus Quant by PCR	S
HSVP	Herpes simplex Ab Types 1 & 2, IgG	S
PCRHS F	Herpes simplex DNA by PCR CSF	CSF
HIVC	HIV-1/HIV-2 Antigen Antibody Combo [1,3,4]	S
HCY F	Homocysteine, Total, Plasma [2]	L
OXCRB	Hydroxycarbazepine	R
IGA	Immunoglobulin A Quantitation	S
IGE	Immunoglobulin E Quantitation	S
IGG	Immunoglobulin G Quantitation	S
IGM	Immunoglobulin M Quantitation	S
IGS	Immunoglobulin Quantitation (IgG, IgM, IgA)	S
INS	Insulin	G
LEAD	Lead (send Lead form)	TN
LEVE	Levetiracetam	S
LASAY F	Lupus Anticoagulant Screen [2]	B
PMET F	Metanephrines and Normetanephrines	L
MTX	Methotrexate	R
MMAS	Methylmalonic Acid, Serum	R
MITO	Mitochondrial Antibody	S
MGE2	Monoclonal Gammopathy Evaluation [2,3]	S
MUMPG	Mumps Virus, IgG	S
MYO	Myoglobin, Serum [1]	S
NCAB F	Neutrophil Cytoplasmic Antibody [3]	S
OSMO	Osmolality, Serum [1]	S
OSMOU	Osmolality, Urine [1]	U
PTHI	Parathyroid Homone, Intact (includes Ca)	S
MPTHI	Parathyroid Homone, Intact (send Ca result)	S
FDIL	Phenytoin, Protein Free	R
PSAFT F	Prostate Specific Antigen, Free & Total [2]	S
PCA F	Protein C Activity [2]	B
PCAG F	Protein C Antigen [2]	B
PSACT F	Protein S Activity [2]	B
PSAGF F	Protein S Antigen, Free [2]	B
TPE	Protein Electrophoresis, Serum [3]	S
UPE	Protein Electrophoresis, Urine [3]	U
PRA F	Renin (Angiotensin) [2]	L
RUBG	Rubella Virus, IgG	S
ROBG	Rubeola Virus, IgG	S
SIRO	Sirolimus	L
SM	Smooth Muscle Antibody	S
SODU/SODQ	Sodium, Urine	U
IGF1 F	Insulin-Like Growth Factor (IGF-1)	S
CASA	Stone Analysis, Source:_____	
ASO	Streptolysin O Antibody	S
FT3	T3 (Triiodothyronine), Free	S
T3	T3 (Triiodothyronine), Total	S
T3U	T3 (Triiodothyronine), Uptake	S
FT4	T4 (Thyroxine), Free	S
T4	T4 (Thyroxine), Total	S
TACRO	Tacrolimus	L
QFTB RT	TB Gold Quantiferon [2]	Q
TESTO	Testosterone	S
TSTLC	Testosterone by LCMS (Female and Pediatric)	S
TTBS	Testosterone, Bioavailable & Total	R
THYRG F	Thyroglobulin and Thyroglobulin Antibody	S
ATG	Thyroglobulin Antibody	S
TSIS	Thyroid Stimulating Immunoglobulin	S
ATPO F	Thyroid Peroxidase IgG Antibodies	S
VZVG	Varicella zoster Virus, IgG	S
TDP F	Vitamin B1, Whole Blood	L
DHVD	Vitamin D 1,25-Dihydroxy	S
25HD	Vitamin D 25-Hydroxy	S

MICROBIOLOGY/VIROLOGY

Source:_____
☐ Do NOT Perform Susceptibilities [5]

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

*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: 9-27-2017 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.