



ANATOMIC PATHOLOGY CONSULTATION REQUISITION

Expertise Delivered Personally

MLabs N-LNC Specimen Processing
Department of Pathology & Clinical Laboratories
2800 Plymouth Rd, Bldg 35
Ann Arbor, MI 48109-2800
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#

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

This request to order tests from MLabs certifies to MLabs that (1) the ordering physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting MLabs to report results for each test ordered to the ordering physician.

PATIENT HISTORY/DIAGNOSIS

Diagnosis: _____ Collection Date: _____ Time: _____ (Oam Opm) Footnote: Case/Accn # _____
 Attach Relevant Clinical History and Copy of Pathology Report (required) Patient being transferred to the University of Michigan Health System

MATERIALS SENT

Slides # _____ /Case # _____ Blocks # _____ /Case # _____
 X-Rays # _____ /Case # _____ Other # _____ /Case # _____

Tissue Source/Location (e.g. Lt. Breast): _____

CONSULTATION REQUESTS

Pathology Consultation Preferred Consultant: _____
 Bone/Soft Tissue Breast Cyto Derm Endocrine Forensic GI/Hepatic GU
 GYN Head/Neck Heme Neuro Pediatric Pulmonary Renal Surg Path-General
 Special Stains(s) Requested: _____

The tests below may include microdissection and/or reflex testing at a separate additional charge. All tests include pathologist interpretation at a separate additional charge.

<p>LYMPHOMA</p> <input type="checkbox"/> B Cell Clonality (IGH & IGK Gene Rearrangement) <input type="checkbox"/> B Cell Clonality (IGH Gene Rearrangement) <input type="checkbox"/> B Cell Clonality (IGK Gene Rearrangement) <input type="checkbox"/> T Cell Clonality (TRG & TRB Gene Rearrangement) <input type="checkbox"/> T Cell Clonality (TRG Gene Rearrangement) <input type="checkbox"/> T Cell Clonality (TRB Gene Rearrangement) <input type="checkbox"/> IGH/BCL2 t(14;18) Translocation (PCR) <input type="checkbox"/> IGH/BCL2 t(14;18) Translocation (FISH) <input type="checkbox"/> BCL6 (3q27) Rearrangement (FISH) <input type="checkbox"/> MYC (8q24) Rearrangement (FISH) <input type="checkbox"/> MALT1 (18q21) Rearrangement (FISH) <input type="checkbox"/> MYD88 (L265P) Mutation <input type="checkbox"/> BRAF V600E/V600K Mutations <p>BREAST CANCER</p> <input type="checkbox"/> HER2 (FISH) <p>COLORECTAL AND ENDOMETRIAL CANCER</p> <input type="checkbox"/> Comprehensive CRC Mutation Panel (NGS) <input type="checkbox"/> KRAS Mutation <input type="checkbox"/> NRAS Mutation <input type="checkbox"/> Microsatellite Instability Analysis If MSI-H, perform: <input type="checkbox"/> BRAF V600E <input type="checkbox"/> MLH1 Promoter Methylation <input type="checkbox"/> BRAF V600E/V600K Mutation <input type="checkbox"/> MLH1 Promoter Methylation <input type="checkbox"/> UGT1A1 Promoter Genotyping	<p>GASTROINTESTINAL STROMAL TUMOR</p> <input type="checkbox"/> KIT Mutation - Exons 9,11,13,17 If KIT is negative, perform: <input type="checkbox"/> PDGFRA <input type="checkbox"/> BRAF V600E <input type="checkbox"/> PDGFRA Mutation for GIST <p>GENITOURINARY TUMOR</p> <input type="checkbox"/> ERG Rearrangement (FISH) (Cytogenetics lab) <input type="checkbox"/> TFE3 (Xp11.2) Rearrangement (FISH) for Renal Cell CA & Other Tumors (Cytogenetics lab) <input type="checkbox"/> TFEB (6p21) Rearrangement (FISH) for Renal Cell Carcinoma (Cytogenetics lab) <input type="checkbox"/> BRAF (7q34) Rearrangement (FISH) <p>GLIOMA</p> <input type="checkbox"/> IDH1 and IDH2 Mutations <input type="checkbox"/> 1p/19q Deletion (FISH) <input type="checkbox"/> BRAF (7q34) Rearrangement (FISH) <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> MGMT Promoter Methylation <input type="checkbox"/> TERT Promoter Mutation <p>LUNG CANCER</p> <input type="checkbox"/> Comprehensive NSCLC Mutation Panel (NGS) <input type="checkbox"/> EGFR Mutation by NGS <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> KRAS Mutation <input type="checkbox"/> ALK Rearrangement for NSCLC (FISH) <input type="checkbox"/> ROS1 (6q22) Rearrangement (FISH) <input type="checkbox"/> RET (10q11) Rearrangement (FISH)	<p>MASTOCYTOSIS</p> <input type="checkbox"/> KIT D816V Mutation <p>MELANOMA</p> <input type="checkbox"/> Comprehensive Melanoma Panel (NGS) <input type="checkbox"/> BRAF V600E/V600K Mutations <input type="checkbox"/> BRAF (7q34) Rearrangement (FISH) <input type="checkbox"/> KIT Mutation for Melanoma - Exons 11,13,17 <input type="checkbox"/> NRAS Mutation <input type="checkbox"/> TERT Promoter Mutation <input type="checkbox"/> Chromosomal Microarray for Melanoma (Dermatopathology Lab) <input type="checkbox"/> Multiprobe FISH for Melanoma (Dermatopathology Lab) <p>SARCOMA</p> <input type="checkbox"/> SYT/SSX Translocation (PCR) <input type="checkbox"/> PAX/FOXO1 Translocation (PCR) <input type="checkbox"/> EWSR1/WT1 Translocation (PCR) <input type="checkbox"/> EWSR1/ATF1 Translocation (PCR) <input type="checkbox"/> EWSR1/FLI1 & EWSR1/ERG Translocation (PCR) <input type="checkbox"/> EWSR1 (22q12) Rearrangement (FISH) <input type="checkbox"/> MDMD2 Amplification (FISH) <input type="checkbox"/> CIC (19q13) Rearrangement (FISH) <p>OTHER GENETIC TESTS</p> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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