ANATOMIC PATHOLOGY CONSULTATION REQUISITION

MLabs
Expertise Delivered Personally

Michigan Medicine – University of Michigan
Department of Pathology – MLabs
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Client
REFC

Ward
REFC

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: ○M ○F

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: _____ (○am ○pm) 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.

LYMPHOMA
- ☐ B Cell Clonality (IGH & IGK Gene Rearrangement)
- ☐ B Cell Clonality (IGH Gene Rearrangement)
- ☐ B Cell Clonality (IGK Gene Rearrangement)
- ☐ T Cell Clonality (TRG & TRB Gene Rearrangement)
- ☐ T Cell Clonality (TRG Gene Rearrangement)
- ☐ T Cell Clonality (TRB Gene Rearrangement)
- ☐ IGH/BCL2 t(14;18) Translocation (PCR)
- ☐ IGH/BCL2 t(14;18) Translocation (FISH)
- ☐ BCL6 (3q27) Rearrangement (FISH)
- ☐ MYC (8q24) Rearrangement (FISH)
- ☐ MALT1 (18q21) Rearrangement (FISH)
- ☐ MYD88 (L265P) Mutation
- ☐ BRAF V600E/V600K Mutations

BREAST CANCER
- ☐ HER2 (FISH)

COLORECTAL AND ENDOMETRIAL CANCER
- ☐ Comprehensive CRC Mutation Panel (NGS)
- ☐ KRAS Mutation
- ☐ NRAS Mutation
- ☐ Microsatellite Instability Analysis
  If MSI-H, perform: ☐ BRAF V600E ☐ MLH1 Promoter Methylation
- ☐ BRAF V600E/V600K Mutation
- ☐ MLH1 Promoter Methylation
- ☐ UGT1A1 Promoter Genotyping

GASTROINTESTINAL STROMAL TUMOR
- ☐ KIT Mutation - Exons 9,11,13,17
  If KIT is negative, perform: ☐ PDGFRA ☐ BRAF V600E
- ☐ PDGFRA Mutation for GIST

GENITOURINARY TUMOR
- ☐ ERG Rearrangement (FISH) (Cytogenetics lab)
- ☐ TFE3 (Xp11.2) Rearrangement (FISH) for Renal Cell CA & Other Tumors (Cytogenetics lab)
- ☐ TFEB (6p21) Rearrangement (FISH) for Renal Cell Carcinoma (Cytogenetics lab)
- ☐ BRAF (7q34) Rearrangement (FISH)

GLIOMA
- ☐ IDH1 and IDH2 Mutations
- ☐ 1p/19q Deletion (FISH)
- ☐ BRAF (7q34) Rearrangement (FISH)
- ☐ BRAF V600E/V600K Mutations
- ☐ MGMT Promoter Methylation
- ☐ TERT Promoter Mutation

LUNG CANCER
- ☐ Comprehensive NSCLC Mutation Panel (NGS)
- ☐ EGFR Mutation by NGS
- ☐ BRAF V600E/V600K Mutations
- ☐ KRAS Mutation
- ☐ ALK Rearrangement for NSCLC (FISH)
- ☐ ROS1 (6q22) Rearrangement (FISH)
- ☐ RET (10q11) Rearrangement (FISH)

MASTOCYTOSIS
- ☐ KIT D816V Mutation

MELANOMA
- ☐ Comprehensive Melanoma Panel (NGS)
- ☐ BRAF V600E/V600K Mutations
- ☐ BRAF (7q34) Rearrangement (FISH)
- ☐ KIT Mutation for Melanoma - Exons 11,13,17
- ☐ NRAS Mutation
- ☐ TERT Promoter Mutation
- ☐ Chromosomal Microarray for Melanoma (Dermatopathology Lab)
- ☐ Multiprobe FISH for Melanoma (Dermatopathology Lab)

SARCOMA
- ☐ SYT/SSX Translocation (PCR)
- ☐ PAX/FOXO1 Translocation (PCR)
- ☐ EWSR1/WT1 Translocation (PCR)
- ☐ EWSR1/ATF1 Translocation (PCR)
- ☐ EWSR1/FLI1 & EWSR1/ERG Translocation (PCR)
- ☐ EWSR1 (22q12) Rearrangement (FISH)
- ☐ MDMD2 Amplification (FISH)
- ☐ CIC (19q13) Rearrangement (FISH)

OTHER GENETIC TESTS
- ☐ _____
- ☐ _____
- ☐ _____

Copy Distribution: White – MLabs Mol Dx Yellow – MLabs SP Pink – Client

Revised: 5-16-2017 G-REFR