



Expertise Delivered Personally
Michigan Medicine - University of Michigan
Department of Pathology - MLabs
UH 2F361 • 1500 E. Medical Center Drive
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#

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.

Prior Authorization: Most insurance carriers require prior authorization for payment. To obtain Blue Care Network (BCN) prior authorization call Joint Venture Hospital Laboratories (JVHL) at 800-445-4979. For all other carriers contact the plan directly.
[] Prior authorization obtained Authorization number: _____

Medicare ABN: The Centers for Medicare and Medicaid Services (CMS) Advance Beneficiary Notice of Noncoverage (ABN) is used to notify the patient that Medicare may not cover requested laboratory testing. A signed form indicating that the patient wants the lab test and is responsible for payment if Medicare doesn't pay is required for all Medicare patients.
[] Signed ABN form is attached.

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.

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 # _____

TESTS REQUESTED

All tests include pathologist interpretation at a separate additional charge. See MLabs Test Catalog at www.mlabs.umich.edu for specimen collection and handling requirements. Obtain REQUIRED PROGENSA PCA3 Urine Specimen or Circulating Tumor CellSave transport tubes by calling MLabs at 800-862-7284.
[] PCA3 (Prostate Cancer Antigen 3) [] Circulating Tumor Cells for Breast Cancer by CellSearch
[] MiPS (Mi-Prostate Score) (includes TMPRSS2:ERG & PCA3) [] Circulating Tumor Cells for Colorectal Cancer by CellSearch
Required: [] Circulating Tumor Cells for Prostate Cancer by CellSearch
Recent Serum PSA level _____ ng/mL.
Date PSA test was performed: _____
MiPS test will not be performed without Serum PSA value.

SPECIMEN TRANSPORT

Label all specimens with both the patient's first and last names as well as a second unique identifier such as the patient's medical record number or date of birth. Send this completed requisition and the specimens at the appropriate temperature by express mail or courier service to:

Michigan Medicine - University of Michigan
Department of Pathology - MLabs
UH 2F361 Specimen Processing
1500 E. Medical Center Drive
Ann Arbor, MI 48109-5054