

University of Michigan Health System
Department of Pathology - MLabs
UH 2F361 • 1500 E. Medical Center Drive
Ann Arbor, MI 48109-5054
734-936-2598 • 800-862-7284

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:	<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

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.

- | | |
|---|--|
| <input type="checkbox"/> PCA3 (Prostate Cancer Antigen 3)
<input type="checkbox"/> MiPS (Mi-Prostate Score)
(includes TMPRSS2:ERG & PCA3)
Required:
Recent Serum PSA level _____ ng/mL.
Date PSA test was performed: _____
MiPS test will not be performed without Serum PSA value. | <input type="checkbox"/> Circulating Tumor Cells for Breast Cancer by CellSearch
<input type="checkbox"/> Circulating Tumor Cells for Colorectal Cancer by CellSearch
<input type="checkbox"/> Circulating Tumor Cells for Prostate Cancer by CellSearch |
|---|--|

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:

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