



Expertise Delivered Personally

Michigan Medicine – University of Michigan
Department of Pathology – MLabs
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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:

Informed Consent: A consent form is required by Michigan law for presymptomatic or predictive genetic tests. It is the responsibility of the physician (or designee) to obtain this consent. If desired, a UMHS Request and Consent for Genetic Testing form can be obtained by contacting MLabs at 800-862-7284 or online at http://mlabs.umich.edu/files/pdfs/PCI-MMGL_InformedConsent.pdf.
Informed consent obtained (please attach a copy).

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 #

All tests include pathologist interpretation at a separate additional charge.
BRCA TESTING (SANGER SEQUENCING/MLPA) CPT CODE
BRCA Mutation Panel (BRCP1) 81162
BRCA1 & BRCA2 Gene Sequencing and BRCA1 & BRCA2 Deletion/Duplication Analysis
BRCA1 & BRCA2 Gene Sequencing ONLY (Tier 1) (BRC1) 81211
BRCA1 Targeted Sequencing, Familial (BR1F) 81215
BRCA2 Targeted Sequencing, Familial (BR2F) 81217
Gene(s): Mutation(s):
Previously Tested Family Member Name:
(Attach previous family member's test report, if available)
BRCA Ashkenazi Jewish Founder Mutations (BRAJ) 81212
BRCA1 gene c.68_69delAG & c.526dupC and BRCA2 c.5946delT
Other:
GERMLINE NEXT-GENERATION SEQUENCING PANELS CPT CODE
Hereditary Breast and Ovarian Cancer 81211
High-Moderate Risk Germline NGS Panel (MIBOC)
ATM, BRCA1, BRCA2, BRIP1, CDH1, CHEK2, PALB2, PTEN, and TP53
Hereditary Breast and Ovarian Cancer Comprehensive 81432
Germline NGS Panel (MIBCC)
ATM, BARD1, BRCA1, BRCA2, BRIP1, CDH1, STK11, CHEK2, EPCAM, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, PTEN, RAD51C, RAD51D, TP53, FANCC, and XRCC2
Additional Information / Physician Notes:
(please draw pedigree & indicate breast, ovarian & other cancers in relatives)

Specimen Type for all assays: Peripheral Blood, 5-10 mL Lavender/EDTA tube For technical questions, call lab (734) 615-2429