



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

DERMATOPATHOLOGY REQUISITION

Client Ward Patient Reg or MRN Patient Name: Last First MI 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

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.

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.

OTHER INFORMATION

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.

PROCESSING

Collection Date: Time: (am pm) Footnote: Case/Accn #

CLINICAL HISTORY AND GENERAL INFORMATION

CONSULTATION REQUESTS

Tissue Pathology Pathology Consultation (prepared slides/blocks) Skin for Immunofluorescence (Zeus tissue fixative) Chromosomal Microarray for Melanoma (FFPE) Multiprobe FISH for Melanoma (FFPE)

Table with 3 columns: ANATOMIC SITE, PROCEDURE (punch, shave, excision, etc.), CLINICAL IMPRESSION/DIFFERENTIAL DIAGNOSIS. Rows A-E.