



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

DERMATOPATHOLOGY REQUISITION

Client, 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. Includes text: 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.

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.

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

CLINICAL HISTORY AND GENERAL INFORMATION

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

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