



PHYSICIAN OFFICE REQUISITION

Expertise Delivered Personally
 Michigan Medicine – University of Michigan
 Department of Pathology – MLabs
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 www.mlabs.umich.edu

Client	Patient Reg or MRN:		
	Patient Name: Last	First	MI
Ward	Birthdate:	Gender: OM OF	
	Ordering Doctor: Last	First	NPI#

<input checked="" type="checkbox"/> STAT <input type="checkbox"/> Fasting <input type="checkbox"/> Non-Fasting	Collection: Date	Time Oam Opm	Ordering Doctor: Phone	Fax
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.

ADDITIONAL INSTRUCTIONS AND/OR TESTS

Circle test(s) requested. See MLabs Test Catalog at www.mlabs.umich.edu for specimen collection and handling requirements.

STORAGE TEMPERATURE: Refrigerate tests except: **F** = Frozen **RT** = Room Temperature

PANELS		DHEAS		PTH		MICROBIOLOGY/VIROLOGY	
BASIC	Basic Metabolic Panel ¹	S	DHEA Sulfate	S	Parathyroid Hormone, Intact ² L/S	S	Source:
LYTES	Electrolyte Panel ¹	S	DNA Ab, Double Stranded	S	Phosphorus ¹	S	<input type="checkbox"/> Do NOT Perform Susceptibilities ⁵
COMP	Comprehensive Metabolic Panel ¹	S	UDSIA Drug Screen by Immunoassay ¹	U	Progesterone	S	<input type="checkbox"/> Gram Stain
LIPID	Lipid Panel ³	S	ESTRA Estradiol ¹	S	PRL Prolactin	S	BLD RT Culture, Blood ⁵
RENAL	Renal Function Panel ¹	S	IFOB RT Fecal Occult Blood ²	F	PSA Prostate Specific Antigen (screening)	S	STL & SLT RT Culture, Stool ^{3,5} OR
HHH	Acute Hepatitis Panel ³	S	FRTN Ferritin	S	TPE Protein Electrophoresis ³ (w/interpretation)	S	SSN Culture, Throat, Strep Grp A
LIVER	Hepatic Function Panel ¹	S	FOL Folic Acid, Serum	S	PT7 RT PT (Prothrombin Time) & INR ^{1,2}	B	URCC Culture, Urine ⁵ <input type="checkbox"/> Cath
CBC	CBC & Platelets ^{1,3}	L	FSH Follicle Stimulating Hormone	S	PTT F Activated Partial Thromboplastin Time ^{1,2}	B	UGG Culture, Urogenital (Beta Strep & Yeast)
CBCD	CBC, Platelets & Differential ^{1,3}	L	GGTP G-Glutamyl Transpeptidase ¹	S	RF Rheumatoid Factor	S	GBS Culture, Vaginal/Rectal, Strep Grp B ^{3,5}
EBVPL	Epstein Barr Virus Ab Panel	S	GLUC Glucose ¹	S	RUBG Rubella Virus, IgG	S	WDTSG Culture, Wound ⁵
ENA10	Extractable Nuclear Antibody Panel ³	S	GLU1P Glucose, 1 Hour Postprandial ¹	S	ROBG Rubella Virus, IgG	S	FNSN RT Culture, Yeast
BT	ABO/Rh	P	BHCG HCG, Beta-Subunit ¹	S	ESRA Sedimentation Rate ¹	L	TBD* RT Culture, Other ⁵
PN	ABO/Rh/Antibody Screen	P	HPYL Helicobacter pylori Antibody	S	RPR Syphilis Screen (RPR) ³	S	PCRFL Influenza A & B by PCR M4
ALB	Albumin ¹	S	A1C Hemoglobin A1c	L	FT3 T3 (Triiodothyronine), Free	S	PCR RV Respiratory Syncytial Virus (RSV) by PCR M4
ALT	ALT (SGPT) ¹	S	HBCAB Hepatitis B Core Ab, IgG & IgM ³	S	FT4 T4 (Thyroxine), Free	S	PCR SC Influenza A&B and RSV by PCR M4
AMYL	Amylase ¹	S	HBSAB Hepatitis B Surface Antibody	S	T4 T4 (Thyroxine), Total	S	RPAN Respiratory Pathogen Panel by PCR (comprehensive) M4
ANA	Antinuclear Antibody Screen	S	HBSAG Hepatitis B Surface Antigen	S	TESTO Testosterone	S	PCR BP Bordetella pertussis/parapertussis DNA by PCR M4
AST	AST (SGOT) ¹	S	HCAB Hepatitis C Antibody ^{1,3}	S	TSTLC Testosterone by LCMS (Female & Pediatric)	S	PHSV HSV DNA by PCR, Swab M4
BILFR	Bilirubin, Fractionated ¹	S	HIVC HIV-1/HIV-2 Antigen Antibody Combo ^{1,3,4}	S	TTBS Testosterone, Bioavailable & Total	R	PCR VZ Varicella zoster Virus DNA by PCR, Swab M4
TBIL	Bilirubin, Total ¹	S	HCV Homocysteine, Total Plasma ²	L	ATG Thyroglobulin Antibody	S	TBD* C trachomatis (CT) and N gonorrhoeae (GC) RNA ² AP
BORSC	Borrelia (Lyme Disease) Antibody ³	S	HSVP HSV 1 & 2 IgG Antibodies	S	ATPO F Thyroid Peroxidase IgG Abs	S	TBD* Trichomonas vaginalis RNA ² AP
UBUP	Buprenorphine Screen, Urine	U	IGS Immunoglobulin Quantitation	S	UN Urea Nitrogen (BUN) ¹	S	TBD* STI Panel (Chlam, GC, Trich) RNA ² AP
CLAC	Celiac Disease Diagnosis Algorithm ³	S	INS Insulin	G	URIC Uric Acid ¹	S	CDIFF Clostridium difficile by EIA ³ F
CHOL	Cholesterol ¹	S	IGF1 F Insulin-Like Growth Factor (IGF-1)	S	UA Urinalysis ^{1,3}	U	GAG RT Giardia Antigen, Stool OR
CORT	Cortisol	S	IRON Iron ¹	S	UC Urinalysis w/reflex to Culture ^{3,5}	U	GIPAN RT Gastrointestinal Pathogen Panel by PCR (comprehensive) OR
CRP	C-Reactive Protein (CRP)	S	TIBC Iron & Iron Binding Capacity	S	VZVG Varicella zoster, IgG	S	OPE RT Ova and Parasites, Stool ³ GRN
HSCRP	C-Reactive Protein, High Sensitivity	S	LDH Lactic Acid Dehydrogenase (LDH) ¹	S	VB12 Vitamin B12	S	
CK	Creatine Kinase, Total ¹	S	DLDL LDL Cholesterol (Direct)	S	25HD Vitamin D 25-hydroxy	S	
CREAT	Creatinine ¹	S	LEAD Lead, Blood (send Lead form)	TN	ZINC Zinc, Serum	N	
CCP	Cyclic Citrullinated Peptide Ab	S	LIP Lipase ¹	S			
			LITH Lithium ¹	S			
			LH Luteinizing Hormone	S			
			RMAG Magnesium, Erythrocytes ²	NE			
			MAG Magnesium, Serum ¹	S			
			UMA Microalbumin, Urine	U			

*TBD = Code varies, see test catalog

Specimen Type: S = SST R = Red L = Lavender G = Green P = Pink B = Blue (citrate) N = Navy (no additive) NE = Navy (EDTA) TN = Tan
 U = Urine F = Feces M4 = Viral AP = Aptima OR = Orange (Para-Pak) GRN = Green (Para-Pak)

Copy Distribution: White – Laboratory Yellow – MLabs SP Pink – Client Revised: 5-16-2017 W-REFR

1 Test available on STAT basis. STAT priority box at the top of this requisition must be checked.
 2 Special collection instructions or specimen handling is required. See MLabs Test Catalog at www.mlabs.umich.edu.
 3 By ordering this test, the clinician acknowledges that additional reflex testing and/or pathologist interpretation will be performed and billed at a separate additional charge if indicated.
 4 By ordering this test, the clinician acknowledges they have obtained informed written consent from the patient as required by applicable state or federal laws.
 5 Test includes susceptibility testing at an additional charge unless specifically declined.