SURGICAL/CYTOPATHOLOGY REQUISITION

MLabs
Expertise Delivered Personally

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

Client: REFR
Ward: REFR

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: ○M ○F

Ordering Doctor: Last First NPI#

Collected By | Collection Date | Collection Time ○am ○pm | 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: ☐ 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.

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

RELEVANT HISTORY (SPECIMENS WITHOUT HISTORY NOT ACCEPTED)

Has Patient Received: ☐ Radiation ☐ Cytotoxic Drugs Please Explain:

See MLabs Test Catalog at www.mlabs.umich.edu for specimen collection and handling requirements.

SURGICAL PATHOLOGY CONSULTATION /TEST REQUESTED

☐ Surg Path Evaluation ☐ Renal Biopsy Evaluation ☐ Muscle Biopsy Evaluation ☐ Nerve Biopsy Evaluation
☐ Additional Testing (Specify): _____

Specimens requiring STAT sign-out on weekends/holidays require prior approval by a specialty Pathologist. Please call MLabs at 800-862-7284 or 734-936-2598.

Specimen Types (check all that apply):

☐ Wet Tissue ☐ Frozen Tissue ☐ Formalin Fixed ☐ Gluteraldehyde/Karnovsky's ☐ Other: _____

Tissue Source/Location (e.g., Lt. Breast): _____ Procedure (Nature of Operation): _____

Post Op Diagnosis: _____

Lab Use Only
Surg. Accn#: _____

CYTOPATHOLOGY EVALUATION (NON-GYNECOLOGICAL)

Specimen Types (check all that apply):

☐ Fine Needle Aspiration, Specify site: _____ ☐ Esophageal Brushing ☐ Gastric Brushing
☐ Peritoneal Effusion ☐ Pleural Fluid ☐ Bronchial Washing ☐ Bronchial Brushing
☐ Bronchial Lavage ☐ Sputum ☐ Urine Voided ☐ Urine Catheterized
☐ Bladder Washing ☐ Urine Other (Specify): _____
☐ Other Specimen Type (Specify): _____

Lab Use Only
Relevant prior cancer/treatment Hx:

Dx:

CYTOPATHOLOGY EVALUATION (GYNECOLOGICAL)

Specimen Types (check all that apply):

☐ Cervical/Endocervical ☐ Endocervical Only ☐ Vaginal ☐ Other: _____

☐ Screening Pap[1]: This Pap smear is part of the routine physical examination (NO patient complaints).
☐ Diagnostic Pap[1]: Patient has had previous abnormal tests, findings, symptoms, or significant complaints.
Reflexive HPV (High Risk) Test WITH ThinPrep Pap[1]: Specimen will be held 21 days for additional test requests.
☐ If ASCUS Only ☐ If ASCUS or Negative ☐ If Negative ☐ All Atypical/Abnormal Results ☐ For All Results ☐ Do Not Perform
☐ **HPV** (High Risk) **ONLY - NO PAP**

Lab Use Only
Dx:

Relevant History (Specimens without history not accepted)

LMP:_____ ☐ Unavailable (For women less than 50 years of age, an LMP or reasonable estimate of days or months must be provided.)
☐ Pregnant: # Weeks _____ ☐ Post Partum: # Weeks _____ ☐ Postmenopausal

IUD in place	○ No ○ Yes	Previous abnormal pap smear	○ No ○ Yes	Radiation	○ No ○ Yes
Abnormal cervix	○ No ○ Yes	Hormonal Therapy	○ No ○ Yes	Cancer Hx/Additional relevant Hx:	
Previous gynecological surgery	○ No ○ Yes	Chemotherapy	○ No ○ Yes		

Copy Distribution: White – MLabs Surg Path Yellow – MLabs SP Pink – Client

Revised: 10-19-2017 X-REFR

1 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.