

ADD-ON TEST REQUEST FORM



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
2800 Plymouth Rd, Bldg 35
Ann Arbor, MI 48109-2800

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FAX: 734.936.0755

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

Please use this form to add a test(s) to an existing specimen at MLabs.

TEST INFORMATION

Today's Date	Accession #
Sample Date	Block #
Test(s) to be added:	

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

Other comments

REQUESTS/APPROVALS

Request taken by (MLabs Representative):

* SIGNATURE: Client signature authorizing add-on test(s)

The above test(s) is being added on to a specimen at MLabs at your verbal request.
According to CLIA regulations #493.1105, MLabs must receive written authorization from the client.

Please fill out the above information and sign. Fax this completed form to MLabs at 734.936.0755

For more information on how to complete this form, please call us at 800.862.7284