



**Michigan Medicine  
Laboratories (MLabs)**

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

734.936.2598 • 800.862.7284 • mlabs.umich.edu  
FAX: 734.936.0755

# HOW TO FILL OUT A MUSCLE BIOPSY REQUISITION FORM

## 1 CLIENT & WARD

The client and ward code supports timely delivery of patient results to the ordering location.

## 2 PATIENT IDENTIFICATION

Provide legal first and last name of the patient with a second identifier (e.g., date of birth or medical record number). The patient identifiers must match the label on the specimen containers. Patient demographics and/or face sheet should be included.

## 3 ORDERING PROVIDER

The first and last name of the ordering provider facilitates proper accessioning into Michigan Medicine's laboratory information system.

## 4 COLLECTION DATE & TIME

MLabs evaluates specimen viability upon arrival with the specimen collection date and time.

## 5 BILLING & INSURANCE

Indicate the billing party as either client/referring institution or patient/insurance and provide the ICD-10 diagnosis codes which clarify the patient's need for evaluation. Attach patient insurance information, if applicable.

## 6 REFERRING PROVIDERS

Having the contact information for the clinician who requested the biopsy, the surgeon who performed the biopsy, and the referring pathologist supports care coordination and on-time delivery of patient results.

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**MUSCLE BIOPSY REQUISITION**

<b>1</b> Client	<b>2</b> Patient Reg or MRN:		
	Patient Name: Last	First	MI
	Birthdate:	Gender: OM	OF
<b>3</b> Referring Provider: Last	First	NPI#	
<b>4</b> Collected By	Collection Date	Collection Time	Oam Opn

**5** Bill To:  Client (Referring Institution)  Patient Self-Pay: client attests that patient has been informed of charges to be billed by Michigan Medicine  Patient Insurance:  Attach complete patient and insurance demographics  Traditional Medicare is primary payer:  Yes  No  No (if Yes:  Inpatient on DOS  Outpatient on DOS  Non Patient on DOS  Attach signed ABN if applicable)

MLabs requires complete patient demographics, insurance information and ICD-10 diagnosis codes to bill the patient or their insurance carrier. MLabs reserves the right to bill the client if this information is not provided or if we are unable to bill successfully. Testing for Medicare patients will be billed to the client as applicable under CMS law.

**ADDITIONAL INSTRUCTIONS**

**6** REFERRING PROVIDER TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Referring Provider	Referring Institution	Phone	Fax
Address	City	State	ZIP Country
Clinician who requested biopsy (e.g., neurologist, rheumatologist, or primary care provider) (REQUIRED)		Phone	Fax
Pathologist		Phone	Fax
Surgeon who performed biopsy		Phone	Fax

**7** PATIENT HISTORY/DIAGNOSIS

Date of Biopsy: \_\_\_\_\_ Preoperative Diagnosis: \_\_\_\_\_

Attach the following required information to ensure timely results:

- A copy of the patient's most recent medical record from the clinician that requested the biopsy. The clinical record should include:
  - Chief complaint of the neuromuscular disorder, clinical impression, and differential diagnosis
  - Family history
  - Current medications
  - Creatine kinase (CK) laboratory test results (REQUIRED)
  - Rheumatologic and serologic laboratory test results as applicable (REQUIRED) including: myositis panel, rheumatoid factor (RF), antinuclear antibody (ANA), anti-Ro, anti-La, anti-dsDNA, anti-synthetase antibodies (e.g., anti-Jo, PL7, PL12, etc.), anti-Sm, ANCA, cryoglobulins, anti-SRP, anti-HMGCR, anti-Mi2, anti-NXP2, anti-MDA5, anti-TIF1, anti-FHL1, anti-cN-1A, etc.
  - Imaging studies and nerve conduction studies
  - Follow hospital COVID-19 and infectious disease pre-screening guidelines and include notification if the patient is positive for COVID-19 or any other infectious etiology that may put technical personnel at risk.

**8** See MLabs Test Catalog at [www.mlabs.umich.edu](http://www.mlabs.umich.edu) for specimen collection and handling requirements.

**MATERIALS SENT**

Muscle Biopsy Evaluation  Additional Testing (Specify): \_\_\_\_\_

Specimen Types (check all that apply):

Fresh (Wet) Tissue  Frozen Tissue  Formalin Fixed (light microscopy)  Glutaraldehyde Fixed (EM)

Other: \_\_\_\_\_

**9** Muscle Biopsied:

LATERALITY	ANATOMIC SITE
A. _____	_____
B. _____	_____

Fresh tissue specimens must arrive at MLabs within 4 hours of collection M-F 7 am - 5 pm excluding holidays. The unfixed tissue specimen must be frozen if arriving in greater than 4 hours or outside of normal business hours. 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.

Lab Use Only  
Surg. Acct#: \_\_\_\_\_

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## 7 PATIENT HISTORY

Proactively providing a copy of the patient's most recent medical record from the clinician that requested the biopsy with accompanying laboratory test results facilitates a faster turn-around-time.

## 8 MATERIALS & SPECIMEN TYPES

MLabs verifies what is indicated on the requisition with the specimens received and manages any discrepancies.

## 9 LATERALITY & SITE

The laterality and anatomic site of the biopsy supports proper evaluation and reporting of patient diagnosis.