



**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 RENAL 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 radiologist/surgeon who performed the biopsy, and the referring pathologist supports care coordination and on-time delivery of patient results.

RENAL BIOPSY REQUISITION

1 Client
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2 Patient Reg or MRN:
Patient Name: Last First MI
Birthdate: Gender: OM OF
3 Ordering Provider: Last First NP#
4 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 (If Yes: Inpatient on DOS Outpatient on DOS Non Patient on DOS attach signed ABN if applicable)

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 the biopsy (e.g., nephrologist, rheumatologist, or primary care provider)		Phone	Fax
Pathologist		Phone	Fax
Radiologist/surgeon who performed the biopsy		Phone	Fax

7 PATIENT HISTORY/DIAGNOSIS
Attach a recent comprehensive outpatient clinical note, inpatient consultation note, or discharge summary including relevant laboratory test results, clinical history, family history, current medications, assessment and plan.
AND/OR
 Provide a brief clinical summary with differential or clinical question.

History of Diabetes: Yes No

Attach a copy of relevant laboratory test values or record below:

URINALYSIS:	CLINICAL CHEMISTRY:		
Dipstick Blood: _____	Serum Creatinine: _____	ANA: _____	Fasting Glucose: _____
Protein: _____	UPCR or 24 Hr Urine Protein: _____	DS DNA: _____	Hemoglobin A1c: _____
Glucose: _____	C3: _____	ANCA: _____	Serum Protein Electrophoresis: _____
Leukocytes: _____	C4: _____	Cryoglobulins: _____	Serum Free Light Chain Ratio: _____
Nitrites: _____			
Sediment: _____			

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

MATERIALS SENT
 Native Renal Biopsy Evaluation Transplant Renal Biopsy Evaluation Additional Testing (Specify): _____

Specimen Types (check all that apply):
 Formalin Fixed (light microscopy) Glutaraldehyde Fixed (EM) Zeus / Michel's (IF) Other: _____

9 Biopsy Biopsied:
LATERALITY
 Left
 Right
 Allograft

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. The Renal Pathology Office can be reached at 734-647-2921.

Lab Use Only
Surg. Accn#: _____

Copy Distribution: White - MLabs Yellow - Client

Revised: 03-06-2023 X-REFR

7 PATIENT HISTORY

Proactively providing a recent comprehensive outpatient clinical note, inpatient consultation note, or discharge summary with relevant 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

The laterality of the kidney biopsied (left, right, allograft) supports proper evaluation and reporting of the patient diagnosis.