

# ADD-ON TEST REQUEST FORM



## Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing  
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Ann Arbor, MI 48109-2800

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FAX: 734.936.0755

Client Name: \_\_\_\_\_

Patient Reg or MRN: \_\_\_\_\_

Patient Name: Last First MI

Birthdate: Gender: OM OF

Ordering Provider: Last First NPI#

### COLLECTION INFORMATION

Sample Date

Accession #

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:

\* 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