Michigan Medicine

MOLECULAR DIAGNOSTICS REQUISITION

MICHICAN MEDICINE	Laboratories (M	Labs)		Patient Pog or N	ABNI-				
MICHIGAN MEDICINE UNIVERSITY OF MICHIGAN	N-LNC Specimen Pr		Client	Patient Reg or N	mXIV.				
LABORATORIES	2800 Plymouth Rd, E Ann Arbor, MI 4810			Patient Name:	Last		First	MI	
34.936.2598 • 800.8		mich.edu	Ward	Birthdate:			Gender: OM (OF	
AX: 734.936.0755				Ordering Docto	r:Last		First	NPI#	
Patient Address		City	State	e ZIP		Home Ph	one #		
Policy Holders Name		Primary Ins	surance (Card Name	e) Prim	ary Policy/C	Contract #	Primary Group #	Policy Holders [ОВ
Policy Holders Name		Secondary	Insurance (Card Na	ame) Seco	ndary Policy	y/Contrac	ct # Secondary Group	p # Policy Holders [ОВ
Bill To: ☐ Client/Ref	erring Institution	☐ Patient/	Insurance				ce information is not included		
☐ Medicare =	= □ In Patient on DOS	□ Out Pat	tient on DOS 🗆 No	on Patient on DOS			For Medicare patients classifute of service, charges must be		
Prior Authorization:	Most insurance carrie 800-445-4979; for HA						ization call Joint Venture Honding to the contract of the cont	ospital Laboratories (JV	HL) at
	☐ Prior authorization			thorization number			y		
CD-10 CODES							billing. When ordering tests for ally necessary for the diagnosis		
EFERRING PHYSIC eferring Physician	CIAN TO BE CONT		ITH RESULTS AN g Institution	ID/OR QUESTION	ONS		Phone	Fax	
ddress			City		:	State	ZIP	Country	
ATIENT HISTORY	Y/DIAGNOSIS								
		Collecti	on Date:	Time:	(○am ○pm	n) Footn	ote: Case/Accn #		
IATERIALS SENT	☐ EXTRACTED DN	A (PLEASE I							
Rona Marrow Acn									
•	☐ Na Heparin(G) gr						ource/body site		
Peripheral Blood	□ Na Heparin(G) gr □ Na Heparin(G) gr	een 🗆 ED	OTA(L) lavender	☐ Unstained Sli	ides (not ba	aked) # _		☐ H & E Slides # _	
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