



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
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CYSTIC FIBROSIS (CF) REQUISITION

Form fields for Patient Reg or MRN, Client, Ward, Patient Name, Birthdate, Gender, and Ordering Doctor.

Form fields for Patient Address, Policy Holders Name, Primary Insurance, and Secondary Insurance.

Bill To: Client/Referring Institution, Patient/Insurance, Medicare, In Patient on DOS, Out Patient on DOS, Non Patient on DOS. Includes a note about billing for Medicare patients.

Prior Authorization: Most insurance carriers require prior authorization for payment. Includes a field for Authorization number.

Informed Consent: A consent form is required by Michigan law for presymptomatic or predictive genetic tests. Includes a checkbox for informed consent obtained.

ICD-10 CODES: Three empty boxes for ICD-10 codes. A red box contains the text: '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.'

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Form fields for Referring Physician, Referring Institution, Phone, Fax, Address, City, State, ZIP, and Country.

This request to order tests from MLabs certifies to MLabs that (1) the ordering physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting MLabs to report results for each test ordered to the ordering physician.

PATIENT HISTORY/DIAGNOSIS – REQUIRED INFORMATION

Form fields for Patient History/Diagnosis: Collection Date, Time, Footnote, Differential diagnosis, Ethnic Background, Family history of Cystic Fibrosis, and Baby's Mother's information.

All tests include pathologist interpretation at a separate additional charge.

Table of test options with descriptions and CPT codes: Cystic Fibrosis Carrier Screening (INPLX)(MoDx), Cystic Fibrosis Diagnostic Mutation Detection (CFDXL)(MMGL), CFTR Gene Sequencing (CFTRS)(MMGL), CFTR Deletion/Duplication (CFTD)(MMGL), CFTR Panel: Gene Sequencing with reflex to Del/Dup (CFT1S)(MMGL), and CFTR Targeted Sequencing, Familial (CFTRF)(MMGL).

Specimen Type for all assays: Peripheral Blood, 5-10 mL Lavender/EDTA tube