



**Michigan Medicine
Laboratories (MLabs)**

N-LNC Specimen Processing
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DERMATOPATHOLOGY REQUISITION

Client	Patient Reg or MRN:		
	Patient Name: Last	First	MI
Ward	Birthdate:	Gender: OM OF	
	Ordering Doctor: Last	First	NPI#

Patient Address	City	State	ZIP	Home Phone #
Policy Holders Name	Primary Insurance (Card Name)	Primary Policy/Contract #	Primary Group #	Policy Holders DOB
Policy Holders Name	Secondary Insurance (Card Name)	Secondary Policy/Contract #	Secondary Group #	Policy Holders DOB

Bill To: Client/Referring Institution Patient/Insurance

Medicare = In Patient on DOS Out Patient on DOS Non Patient on DOS

If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the referring client.

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

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.

PROCESSING

Collection Date: _____ Time: _____ (am pm) _____ Footnote: Case/Accn # _____

CLINICAL HISTORY AND GENERAL INFORMATION

CONSULTATION REQUESTS

- Tissue Pathology Pathology Consultation (prepared slides/blocks) Skin for Immunofluorescence (Zeus tissue fixative)
- Chromosomal Microarray for Melanoma (FFPE) Multiprobe FISH for Melanoma (FFPE)

Tests may include pathologist interpretation at a separate additional charge

ANATOMIC SITE	PROCEDURE (punch, shave, excision, etc.)	CLINICAL IMPRESSION/DIFFERENTIAL DIAGNOSIS
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____