HISTOCOMPATIBILITY REQUISITION

	Michigan Medicine Laboratories (MLabs)						
MICHIGAN MEDICINE UNIVERSITY OF MICHIGAN	N-LNC Specimen Processing 2800 Plymouth Rd, Bldg 35	Client	Patient Reg or N Patient Name:		First	MI	
	Ann Arbor, MI 48109-2800	Ward	Birthdate:		Gender: OM	∩F	
734.936.2598 • 800.862.7284 • mlabs.umich.edu FAX: 734.936.0755							
			Ordering Docto	r:Last	First	NPI#	
Patient Address	City	Sta	ate ZIP	Home Ph	ione #		
Policy Holders Name	Primary	Insurance (Card Nar	me) Prim	ary Policy/Contract #	Primary Group #	# Policy Holders DOB	
Policy Holders Name	Second	ary Insurance (Card I	Name) Secc	ndary Policy/Contrac	ct # Secondary Grou	p # Policy Holders DOB	
Bill To: Client/Ref	ferring Institution 🛛 🗆 Patie	nt/Insurance				d or attached to this form, your	
□ Medicare =	= 🗌 In Patient on DOS 🗌 Out	Patient on DOS 🛛 🛛	Non Patient on DOS	 facility will be billed. outpatient on the data 	For Medicare patients class ate of service, charges must	ified as a hospital inpatient or be billed to the referring client.	
ICD-10 CODES					billing. When ordering tests for cally necessary for the diagnosis	which reimbursement will be sought, and treatment of the patient.	
			ND/OR QUESTIC	ONS	Dhana		
Referring Physician	Kerer	ring Institution			Phone	Fax	
Address		Cit	ty	State	ZIP	Country	
	s from MLabs certifies to MLabs that rdering physician has authorization f					cable state or federal laws for each	
PATIENT HISTOR		ction Date:	Time:	(Oam Opm) Footn	ote: Case/Accn #		
Recipient Diagnos □ For all Donor Specific	ecipient sis Antibody (DSA) testing, an	additional unique p	atient identifier is	 required for matchi	ing in UNOS database. F t 4 digits SSN		
HEMATOPOEITIC CEL New Patient 1 HLA High Resolution 1 Antibody Screen Mixe Patient Confirmatory T HLA Typing I&II (HLCT Donor Confirmatory T HLA Typing I&II (HLCT Autologous PRA 1 Antibody Screen Mixe Allogenic PRA 1 Antibody Screen Mixe DISEASE ASSOCIATIC Abavir Hypersensitivit Bahcets Disease (HLA- Bird Shot Retinopathy Carbamazepine Hyper Celiac Disease (HLA-DOF Uveitis (HLA-B57) (UV Other, Specify	Typing I&II (HLHR) Y (Idyping (HLASM) Typing (HLASM) Typing (TD) Y (WL) Y (ML) Y (ML) Y (ML) Y (ML Y (Y	KIDNEY Hi 2) Donor Specific R STAT Antibo Routine Ant Routine Ant Y New Patient HLA Typing I a Antibody Spe Denor Specific HLA Typing I a 2) Antibody Spe Denor Specific HLA Typing I a HLA Typing I a HLA Crossma R Living Donor I HLA Crossma Final Pre-Tran Samples from DONOR HLA Y Endothelial Pre- Y Endothelial Pre Y DONOR HLA Y Endothelial Pre Y MICA Antibody Scree Y ONOR HLA Y C1q Binding H Y ONOR HLA Y MICA Antibody Scree Y Monthly PRA Antibody Scree Monthly PRA	c Antibody Testing (ch ody Specificity Class I & tibody Specificity Class & II (HLLR) cificity Class I & II (HL Donor ¹ &II (HLSOD) tch FLOW (HLFXM) Repeat XM ¹ tch FLOW (HLFXM) splant Flow XM with L n Recipient & Donor a Crossmatch FLOW (H A Antibody Specificity recursor Cell (Flow XM n Recipient & Donor a Crossmatch Endothelial LA Crossmatch Endothelial LA Crossmatch Endothelial LA Crossmatch Endothelial LA Antibody cificity Class I&II (HLA	PANCREAS eck one) k II (HLAS) k II (HLAS) s I & II (HLAS) AS) Y (4) Y (4) Y (4) iving Donor 1 re both needed LFXM) Y (4) Class I & II (HLAS) N Y (4) re both needed Precursor (HLEXM) Y R C1) R N R	PLATELETS New Patient for Txf Supp Antibody Screen Mixed (i New Patient for Platelet S HLA Typing (HLC1L) Antibody Screen Mixed (i Update PRA 1 Antibody Screen Mixed (ii) Other:	HLASM) R Support ¹ Y HLASM) R HLASM) R	
Specimen Type: F	R = Red top (SST acceptable) Y = Yellow top	o (ACD)				
Copy Distribution: W	Vhite – MLabs Histocompatil	pility Lab	Yellow – MLabs S	Pink – Clier	nt Revised: 1	1-22-2019 B-REFR	

¹ By ordering this test, clinician acknowledges that additional reflex testing and/ or pathologist interpretation will be performed and billed at a separate additional charge if indicated.