



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
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QUAD/AFP REQUISITION

Client information fields: Patient Reg or MRN, Patient Name (Last, First, MI), Birthdate, Gender (OM, OF), Ward, Ordering Doctor (Last, First, NPI#), Ordering Doctor (Phone, Fax), Collected By, Collection Date, Collection Time (Oam, Opm)

Insurance information fields: Patient Address, City, State, ZIP, Home Phone #, Policy Holders Name, Primary Insurance (Card Name), Primary Policy/Contract #, Primary Group #, Policy Holders DOB, 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. Includes note: If patient or insurance information is not included or attached to this form, your facility will be billed.

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.

PATIENT HISTORY/DIAGNOSIS – REQUIRED INFORMATION (FILL OUT COMPLETELY AND SEND WITH SAMPLE TO ENSURE TIMELY RESULTS.)

Name, Date of Birth, Weight, Ethnic Background of Origin, Insulin Dependent Diabetic?, Does the patient currently smoke cigarettes?, Has the patient had a previous pregnancy/child with a Neural Tube Defect?, Has the patient had a previous pregnancy/child with Down syndrome?, Was there an oocyte donor?, Is this a repeat screen for the current pregnancy?

QUAD, MSAFP OR SERUM INTEGRATED SCREENING

EDD based on Ultrasound, LMP, Exam, DATING IS UNCERTAIN. Number of Fetuses: Singleton, Twins, Unknown.

FIRST TRIMESTER, FULL INTEGRATED OR SEQUENTIAL SCREENING

Date of Ultrasound, CRL (mm), NT (mm), N.B. Yes/No/Unable to report, Name or Certification # of Sonographer. Includes IF TWINS section with CRL Twin B, NT Twin B, N.B. Twin B, Monochorionic, Dichorionic options.

See MLabs Test Catalog at www.mlabs.umich.edu for specimen collection and handling requirements.

Table with 2 columns: Test Name and NT MEASUREMENT REQUIRED FOR THE FOLLOWING TESTS. Rows include QUAD, MSAFP, S11, S12, FTS, SS1, SS2, FI1NT, FI2NT.

Copy Distribution: White – Laboratory Yellow – MLabs SP Pink – Client

Revised: 11-22-2019 C-REFR

Specimen type for all assays: 1 mL serum, refrigerate and send within 24 hours or freeze.