



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
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SURGICAL/CYTOPATHOLOGY REQUISITION

Client, Patient Reg or MRN, Patient Name, Birthdate, Ordering Doctor, Collected By, Patient Address, Policy Holders Name, etc.

Bill To: Client/Referring Institution, Patient/Insurance, Medicare, etc.

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.

ADDITIONAL INSTRUCTIONS AND/OR TESTS

RELEVANT HISTORY

Has Patient Received: Radiation, Cytotoxic Drugs, Please Explain:

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

SURGICAL PATHOLOGY CONSULTATION /TEST REQUESTED, CYTOPATHOLOGY EVALUATION (NON-GYNECOLOGICAL), CYTOPATHOLOGY EVALUATION (GYNECOLOGICAL)

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