



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
2800 Plymouth Rd, Bldg 35
Ann Arbor, MI 48109-2800

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HOSPITAL REQUISITION

Client information fields: Patient Reg or MRN, Patient Name (Last, First, MI), Birthdate, Gender (OM, OF), Ordering Doctor (Last, First, NPI#), Ward

Collection and patient information fields: STAT (Fasting, Non-Fasting), Collected By, Collection Date, Time, Oam, Opn, Patient Address, City, State, ZIP, Home Phone #, Policy Holders Name, Insurance, etc.

Bill To: Client/Referring Institution or Patient/Insurance, Medicare status options, and a note about billing for Medicare patients.

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.

ADDITIONAL INSTRUCTIONS AND/OR TESTS

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Referring Physician and Institution information fields: Name, Address, City, State, ZIP, Country, Phone, Fax

Circle test(s) requested. See MLabs Test Catalog at www.mlabs.umich.edu for specimen collection and handling requirements.

STORAGE TEMPERATURE: Refrigerate tests except: F = Frozen RT = Room Temperature

Table of laboratory tests including panels (HHH, EBVPL, ALCO, etc.), individual tests (CPEP, CRYS, CCP, etc.), and microbiology/irology tests (BAFB, TBD*, ORID, etc.) with their respective codes and units.

Specimen Type: S = SST R = Red L = Lavender G = Green P = Pink B = Blue (citrate) N = Navy (no additive) NE = Navy (EDTA) TN = Tan BK = Black U = Urine F = Feces M4 = Viral AP = Aptima OR = Orange (Para-Pak) GRN = Green (Para-Pak)

Copy Distribution: White - Laboratory Yellow - MLabs SP Pink - Client Revised: 9-13-2019 V-REFR

1 Test available on STAT basis. STAT priority box at the top of this requisition must be checked.
2 Special collection instructions or specimen handling is required. See MLabs Test Catalog at www.mlabs.umich.edu.
3 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.
4 By ordering this test, the clinician acknowledges they have obtained informed consent from the patient as required by applicable state or federal laws.
5 Test includes susceptibility testing at an additional charge unless specifically declined.