



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
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ANATOMIC PATHOLOGY CONSULTATION REQUISITION

Form fields for Patient Reg or MRN, Patient Name, Birthdate, Gender, Ordering Doctor, Patient Address, Policy Holders Name, Insurance, etc.

Bill To: Client/Referring Institution, Patient/Insurance, Medicare, In Patient on DOS, Out Patient on DOS, Non Patient on DOS. Includes a note about billing for Medicare patients.

ICD-10 CODES section with a red box stating: 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, Referring Institution, Address, City, State, ZIP, Phone, Fax, Country

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.

PATIENT HISTORY/DIAGNOSIS

Diagnosis, Collection Date, Time, Footnote: Case/Accn #, Attach Relevant Clinical History and Copy of Pathology Report, Patient being transferred to the University of Michigan Health System

MATERIALS SENT

Slides #, X-Rays #, Blocks #, Other #, Tissue Source/Location (e.g. Lt. Breast)

CONSULTATION REQUESTS

Pathology Consultation, Bone/Soft Tissue, Breast, GYN, Special Stains(s) Requested, Cyto, Derm, Neuro, Endocrine, Pediatric, Pulmonary, Forensic, GI/Hepatic, Renal, Surg Path-General, Preferred Consultant

The tests below may include microdissection and/or reflex testing at a separate additional charge. All tests include pathologist interpretation at a separate additional charge.

Large table of test categories: LYMPHOMA, BREAST CANCER, COLORECTAL AND ENDOMETRIAL CANCER, GASTROINTESTINAL STROMAL TUMOR, GENITOURINARY TUMOR, LUNG CANCER, MASTOCYTOSIS, MELANOMA, SARCOMA, OTHER GENETIC TESTS