



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
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MOLECULAR DIAGNOSTICS REQUISITION

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

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

Bill To: Client/Referring Institution or Patient/Insurance; Medicare status; Prior Authorization information

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.

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Referring Physician, Referring Institution, Address, City, State, ZIP, Country, Phone, Fax

PATIENT HISTORY/DIAGNOSIS

Diagnosis, Collection Date, Time, Footnote: Case/Accn #

MATERIALS SENT EXTRACTED DNA (PLEASE INDICATE SOURCE):

Bone Marrow Asp., Na Heparin(G) green, EDTA(L) lavender, Fresh Tissue, Fluid, Other source/body site, Paraffin Block #, Peripheral Blood, Unstained Slides (not baked) #, H & E Slides #

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.

ACUTE MYELOID LEUKEMIA, MYELOID NEOPLASMS, LYMPHOMA, COLORECTAL CANCER, GASTROINTESTINAL STROMAL TUMOR, GENITOURINARY TUMOR, GLIOMA, LUNG CANCER, MELANOMA, SARCOMA, THYROID CANCER, BREAST CANCER, GENETICS, MISCELLANEOUS

Specimen Type: L = EDTA S = 1 H&E + 8 Unstained Slides T = Tissue U = Urine (UroCyte Collection Kit) B = Brushing