MUSCLE/NERVE/RENAL BIOPSY REQUISITION

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN
LABORATORIES

Michigan Medicine Laboratories (MLabs)
N-LNC Specimen Processing
2800 Plymouth Rd, Bldg 35
Ann Arbor, MI 48109-2800

734.936.2598 • 800.862.7284 • mlabs.umich.edu
FAX: 734.936.0755

Client
REFR

Ward
REFR

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: ○M ○F

Ordering Doctor: Last First NPI#

Collected By Collection Date Collection Time ○am ○pm

Patient Address City State ZIP Home Phone #

Policy Holders Name | Primary Insurance (Card Name) | Primary Policy/Contract # | Primary Group # | Policy Holders DOB

Policy Holders Name | 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

If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the referring client.

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 | Referring Institution | Phone | Fax

Address | City | State | ZIP | Country

Nephrologist (Renal) | Phone | Fax

Person requesting biopsy (Muscle/Nerve) | Phone | Fax

Pathologist | Phone | Fax

PATIENT HISTORY/DIAGNOSIS

Date of Biopsy Preoperative Diagnosis

☐ COVID-19 Test: ○ Positive ○Negative (attach a copy of the report)

☐ Attach relevant clinical history, family history, laboratory results, current medications (including over-the-counter drugs), and physician findings and/or describe briefly:

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

MUSCLE/NERVE TEST REQUESTED

Muscle/Nerve Biopsied 1. _____ 2. _____

Symptoms started _____ weeks/months/years (circle one) ago:

☐ Weakness ☐ Pain ☐ Cramps ☐ Proximal ☐ Face/Swallowing/Respiratory ☐ Hypotonia Other: _____

Provide relevant lab values including units and date: CPK (CK):_____ Date:_____ ANA:_____ Date:_____ RF:_____ Date:_____

List (or attach listing) of all prescription medications including statins and narcotics:_____

Has the patient received steroids or other immunosuppressive therapy prior to biopsy: ○Yes ○No.

If yes indicate type of medication, dose, and date started: _____ EMG/NCS Results: _____

Family Hx Muscle/Nerve Disease: _____

RENAL TEST REQUESTED

History of Diabetes: ○Yes ○No

The following laboratory test results must be provided before examination can be performed:

URINALYSIS: Dipstick Blood:_____ Protein:_____ Glucose:_____ Leukocytes:_____ Nitrites:_____ Sediment:_____

CLINICAL CHEMISTRY: Serum Creatinine:_____ C3:_____ C4:_____ ANA:_____ DS DNA:_____ ANCA:_____ Rhematoid Factor:_____

Urinary Prot/Creat Ratio:_____ 24 Hr Urinary Protein:_____ Fasting Glucose:_____ Hemoglobin A1c:_____ Cryoglobulins:_____ Streptozyme:_____

SURGICAL PATHOLOGY CONSULTATION TEST REQUESTED

☐ Renal Biopsy Evaluation ☐ Muscle Biopsy Evaluation ☐ Nerve Biopsy Evaluation ☐ Additional Testing (Specify): _____

Specimen Types (check all that apply):

☐ Fresh (Wet) Tissue ☐ Frozen Tissue ☐ Formalin Fixed (light microscopy) ☐ Glutaraldehyde Fixed (EM) ☐ Zeus / Michel's (IF) ☐ Other:_____

Specimens requiring STAT sign-out on weekends/holidays require prior approval by a specialty Pathologist. Please call MLabs at 800-862-7284 or 734-936-2598. If STAT or RUSH Renal Biopsy results are required, the nephrologist must speak directly with the on-call renal pathologist and provide history and a contact for results. The Renal Pathology Office can be reached at 734-647-2921.

Lab Use Only
Surg. Accn#: _____

Copy Distribution: White – MLabs Yellow – Client

Revised: 10-13-2020 X-REFR