

ADD-ON TEST REQUEST FORM



Michigan Medicine Laboratories (MLabs)

mlabs.umich.edu
800.862.7284
FAX: 734.936.0755

SPECIMEN SHIPMENTS ONLY:

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

Client Name:	Client Code:	Client Ward:
Patient Reg or MRN:		
Patient Name: Last	First	MI
Birthdate:	Gender: OM OF	
Ordering Provider: Last	First	

Please use this form to add a test(s) to an existing specimen at MLabs.

TEST INFORMATION

Today's Date _____ Accession # _____

Sample Date _____ Block # _____

Test(s) to be added:

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.

OTHER INFORMATION

Other comments

REQUESTS/APPROVALS

Request taken by (MLabs Representative):

* **SIGNATURE:** Client signature authorizing add-on test(s)

The above test(s) is being added on to a specimen at MLabs at your verbal request.
According to CLIA regulations #493.1105, MLabs must receive written authorization from the client.

Please fill out the above information and sign. Fax this completed form to MLabs at **734.936.0755**

For more information on how to complete this form, please call us at **800.862.7284**