

ADDITIONAL MATERIAL 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

Contact Name: _____

Patient Reg or MRN: _____

Patient Name: Last First MI

Birthdate: Gender: OM OF

Ordering Provider: Last First NPI#

MLabs requires additional specimen to complete requested testing. Please include this form in the specimen bag with additional specimens.

COLLECTION INFORMATION

Specimen Collection Date _____ Accession # _____

Block # _____

Additional Material Requested (select one):

Block(s): _____

Slides: _____

Additional Comments:

PLEASE SEND THE REQUESTED MATERIALS ASAP TO THE ADDRESS BELOW

Michigan Medicine
Department of Pathology
2800 Plymouth Road, Building 35
Ann Arbor, MI 48109
ATTN: _____

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

The above test(s) is needed to complete the request

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