

# FLOW CYTOMETRY TEST HOLD NOTIFICATION 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: \_\_\_\_\_

Patient Reg or MRN: \_\_\_\_\_

Patient Name: Last First MI

Birthdate: Gender: OM OF

Ordering Provider: Last First NPI#

Please use this form to notify MLabs to perform or cancel Flow Cytometry Analysis sent with request to HOLD for notification.

### TEST INFORMATION

Today's Date \_\_\_\_\_ Accession # \_\_\_\_\_

Sample Date \_\_\_\_\_

### OTHER INFORMATION

Perform Flow Cytometry Analysis

CANCEL Flow Cytometry Analysis

Comments:

### REQUESTS/APPROVALS

Client Representative (MLabs): \_\_\_\_\_

Approved by Client (Print Name): \_\_\_\_\_

Title: \_\_\_\_\_

Information communicated to MLabs/MM Lab by telephone or email

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