

# MOLECULAR DIAGNOSTICS 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:	Client Code:	Client Ward:
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 Molecular Diagnostic testing sent with request to EXTRACT & HOLD pending client authorization (MLHD).

**TEST INFORMATION**

Today's Date \_\_\_\_\_

If **proceeding**, complete the information below, MLabs will perform Molecular Diagnostic testing:

TEST NAME	MOL/ISH#

If **cancelling**, complete the information below, MLabs will **not** perform Molecular Diagnostic testing:

TEST NAME

**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