

NEW CLIENT FORM



Michigan Medicine Laboratories (MLabs)

mlabs.umich.edu
800.862.7284
FAX: 734.936.0755

Business Name: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Fax Number: _____

SPECIMEN SHIPMENTS ONLY:

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

BILLING

Type of billing preferred: Client Billing Third Party Billing Both

Billing Contact: _____

Phone: _____

Email: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

TESTING TYPE

Molecular

Genetic

Consultation

Clinical

Tissue Biopsy for Primary Diagnosis

Other (Specify): _____

RESULT DELIVERY

Fax

MLabs Connect (Electronic Portal)

OFFICE HOURS

Monday: _____ to _____ Notes: _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Saturday: _____ to _____

Sunday: _____ to _____

CONTACT INFORMATION

CRITICAL CONTACT

Name: _____

Email: _____

Phone: _____

After Hours Phone: _____

KEY CONTACT

Name: _____

Phone: _____

Email: _____

PHYSICIAN

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

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