



**Michigan Medicine
Laboratories (MLabs)**

mllabs.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

Ward

Patient Reg or MRN:

Patient Name: Last First MI

Birthdate: Gender: OM OF

Ordering Doctor: Last First NPI#

Patient Address City State ZIP Home Phone #

Policy Holders Name Primary Insurance (Card Name) Primary Policy/Contract # Primary Group # Policy Holders DOB

Policy Holders Name Secondary Insurance (Card Name) Secondary Policy/Contract # Secondary Group # Policy Holders DOB

Bill To: Client/Referring Institution Patient/Insurance
 Medicare = In Patient on DOS Out Patient on DOS Non Patient on DOS

If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the referring client.

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

This request to order tests from MLabs certifies to MLabs that (1) the ordering physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting MLabs to report results for each test ordered to the ordering physician.

PROCESSING

Collection Date: _____ Time: _____ (O am O pm) Footnote: Case/Accn # _____

CLINICAL HISTORY AND GENERAL INFORMATION

SURGICAL PATHOLOGY CONSULTATION / TEST REQUESTED

- Tissue Evaluation (Primary Diagnosis)
- Skin for Immunofluorescence (Zeus tissue fixative)

Tests may include pathologist interpretation at a separate additional charge

| ANATOMIC SITE | PROCEDURE (punch, shave, excision, etc.) | CLINICAL IMPRESSION/DIFFERENTIAL DIAGNOSIS |
|---------------|--|--|
| A. _____ | _____ | _____ |
| B. _____ | _____ | _____ |
| C. _____ | _____ | _____ |
| D. _____ | _____ | _____ |
| E. _____ | _____ | _____ |