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Michigan Medicine Laboratories (MLabs)
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PATHOLOGY CONSULTATION REQUISITION

Patient registration number or medical record number (MRN)

SPECIMEN SHIPMENTS ONLY:

N-LNC Room G451, Bldg 35, 2800 Plymouth Rd, Ann Arbor, MI 48109-2800

Client
Ward

Patient Legal Last Name: Legal First Name: MI:
Birthdate: Legal Sex: M F

MLabs requires complete patient demographics and insurance information to bill the patient or their insurance carrier. MLabs reserves the right to bill the client if this information is not provided or if we are unable to bill successfully. Testing for Medicare patients will be billed to the client as applicable under CMS law.

Bill To: (Select One) Patient and insurance demographics/facesheet is required for all billing options.
Client: (Referring Institution)
Patient Insurance: Traditional Medicare is primary payer? No If yes, answer the questions below Status on date of service (DOS)? Nonpatient (neither inpatient nor outpatient) Outpatient Inpatient - date of discharge:
Patient Self-Pay: Client attests that patient has been informed of charges to be billed by Michigan Medicine

REFERRING PATHOLOGIST TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS (PROVIDER WHO SIGNED PATH REPORT)

Referring Pathologist Last Name: First Name: NPI#:
Referring Institution: Phone: Fax:
Address: City: State: ZIP Code: Country:

Copy to provider requesting consult if different from referring pathologist
Copy to Provider Last Name: First Name: Phone: Fax:

CASE INFORMATION

Brief clinical summary with differential or clinical question:

ADDITIONAL INSTRUCTIONS

B

CONSULTATION REQUESTS

Preferred Consultant:
Preferred Specialty Service:
Breast Cardiac Cyto Derm Endocrine Forensic GI/Hepatobiliary/Pancreas
Head/Neck Ophth Pediatric Pulmonary/Thoracic Renal/Med Disease Kidney
General, Inflammatory

FFPE BLOCK REQUIRED
Bone/Soft Tissue Derm GU/Renal Tumors
GYN Heme Neuro
Melanocytic Lesions, Cutaneous Lymphoma, Mycosis Fungoides or rule/out CL or MF

C

DOCUMENTATION SENT

KINDLY SUBMIT DOCUMENTATION IN THE ORDER LISTED WITH THE REQUISITION ON TOP

- Cover Letter (optional): Pathology question and clinical history summarization
Pathology Report: Preliminary or final, with accession number, gross description including tissue submission list (block IDs), and working or final diagnosis (if available)
Clinical Notes: Recent H&P, admission or discharge summary, surgery or procedure notes, OB history, and treatment summary (e.g. medication, radiation treatment, and chemotherapy)
Additional Case Information: Laboratory test results, endoscopy and cystoscopy reports (if applicable)
Radiology Reports and Images: X-rays, ultrasound, CT, MRI, MRA, PET scan, etc. (if applicable)
Clinical Photos (if applicable)
Insurance/Demographic Facesheet: Information needed to confirm patient identity and required for all billing options

D

MATERIALS SENT

Total number of case(s); If there are more than five cases, copy the requisition form to provide information for the additional cases.
Total number of requisition copies.
Send at least one (1) representative FFPE block if required for specialty (see Submission Protocol, PP. 8-11). If your pathologist performed a special stain or IHC, include the FFPE block for quicker processing as additional stains must be completed in our laboratories.

Table with 7 columns: ACCESSION #/CASE IDENTIFIER, TISSUE SOURCE, COLLECTION DATE, # STAINED SLIDES, # UNSTAINED SLIDES, # BLOCKS, BLOCK IDENTIFIER