



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

HEMATOLYMPHOID MOLECULAR DIAGNOSTICS REQUISITION

Client, Patient Reg or MRN, Patient Name: Last, First, MI, Birthdate, Gender: OM, OF, Ordering Doctor: Last, First, NPI#

Bill To: Client (Referring Institution), Patient Self-Pay, Patient Insurance, Traditional Medicare is primary payer, Inpatient on DOS, Outpatient on DOS, Non Patient on DOS, attach signed ABN if applicable

MLabs requires complete patient demographics, insurance information and ICD-10 diagnosis codes 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.

Prior Authorization: Most insurance carriers require prior authorization to reimburse molecular or genetic testing. Prior Authorization obtained, Mlabs to apply for Prior Authorization, please attach: Mlabs Clinical History Form, A copy of the patient's most recent comprehensive medical record, Required documentation available in MiChart/CareEverywhere

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.

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Referring Physician, Referring Institution, Address, City, State, ZIP, Country, Phone, Fax

PATIENT HISTORY/DIAGNOSIS

Diagnosis: Collection Date: Time: (Oam Opm) Footnote: Case/Accn #

Attach or include the following to ensure accurate interpretation:

- A copy of the Pathology report (even if preliminary) A copy of a recent, relevant clinical note A copy of the most recent CBC and other relevant laboratory test results

MATERIALS SENT

EXTRACTED DNA (PLEASE INDICATE SOURCE):

- Bone Marrow Asp. Na Heparin(G) green EDTA(L) lavender Fresh Tissue Fluid Other source/body site Paraffin Block #
Peripheral Blood Na Heparin(G) green EDTA(L) lavender Unstained Slides (not baked) # H & E Slides #

The tests below may include microdissection and/or reflex testing at a separate additional charge. All tests include pathologist interpretation at a separate additional charge. For Molecular Diagnostics assays, MLabs charges for testing performed regardless of an inconclusive or inadequate sample result.

LYMPHOMA

- B Cell Clonality (IGH Gene Rearrangement) T, L
B Cell Clonality (IGK Gene Rearrangement) T, L
T Cell Clonality (TRG Gene Rearrangement) T, L
T Cell Clonality (TRB Gene Rearrangement) T, L
Double hit workup (MYC, IGH::MYC; if positive perform IGH::BCL2, BCL6) S, T
MYC (8q24) Rearrangement FISH S, T
IGH::MYC t(8;14)(q24;q32) Translocation FISH S, T
IGH::BCL2 t(14;18) Translocation FISH S, T
BCL6 (3q27) Rearrangement FISH S, T
TP53 Mutation in Malignancy T, L
MYD88 (L265P) Mutation S, T, L
MALT1 (18q21) Rearrangement S, T
IGH:BCL2 t(14;18) Translocation PCR T, L

HISTIOCYTIC/DENDRITIC CELL NEOPLASMS

- Solid Tumor NGS Panel S, T
BRAF V600E/V600K Mutations S, T, L

MYELOID NEOPLASMS

- Myeloid NGS Panel L
TP53 Mutation in Malignancy T, L
NPM1 Mutation T, L
FLT3 Mutation L
IDH1 and IDH2 Mutations T, L
KIT D816V Mutation T, L
PML::RARA t(15;17) Translocation PCR, Quantitative T, L
JAK2 V617F Mutation L
If JAK2 V617F negative perform: CALR MPL JAK2 Exon 12
JAK2 Exon 12 L
CALR Mutation L
MPL Mutation L
BCR::ABL1 Analysis, Quantitative L

MISCELLANEOUS

- Factor V Leiden Mutation L
Prothrombin 20210 Mutation L
Hereditary Hemochromatosis Mutation L

Specimen Type: L = EDTA S = 1 H&E + 8 Unstained Slides T = Tissue U = Urine (UroCyte Collection Kit) B = Brushing