



Michigan Medicine Laboratories (MLabs)

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HISTOCOMPATIBILITY REQUISITION

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

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.

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 Phone Fax Address City State ZIP Country

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.

PATIENT HISTORY/DIAGNOSIS

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

Donor specimen, please include: Patient/Recipient specimen Recipient's full name and/or MRN Relationship to Recipient Recipient Diagnosis Patient has not yet received a transplant Patient has received a transplant

For all Donor Specific Antibody (DSA) testing, an additional unique patient identifier is required for matching in UNOS database. Please provide: U of M MRN or Last 4 digits SSN

HEMATOPOEITIC CELL TRANSPLANT SOLID ORGAN TRANSPLANT (CIRCLE PATIENT TYPE) HLA TYPING & PRA FOR TRANSFUSION SUPPORT OR PLATELETS DISEASE ASSOCIATION STUDIES

Specimen Type: R = Red top (SST acceptable) Y = Yellow top (ACD)

Copy Distribution: White - MLabs Histocompatibility Lab Yellow - MLabs SP Pink - Client REQ9v20220330 B-REFR

1 By ordering this test, clinician acknowledges that additional reflex testing and/or pathologist interpretation will be performed and billed at a separate additional charge if indicated.