



Michigan Medicine Laboratories (MLabs)

mllabs.umich.edu
800.862.7284
FAX: 734.936.0755

HOSPITAL REQUISITION

SPECIMEN SHIPMENTS ONLY:

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

Form fields for patient information including Patient Reg or MRN, Patient Name (Last, First, MI), Birthdate, Gender (OM, OF), Ordering Doctor (Last, First, NPI#), Collected By, Collection Date, Collection Time (Oam, Opm), Patient Address, City, State, ZIP, Home Phone #, Policy Holders Name, Primary Insurance (Card Name), Primary Policy/Contract #, Primary Group #, Policy Holders DOB, Secondary Insurance (Card Name), Secondary Policy/Contract #, Secondary Group #, Policy Holders DOB, Bill To: Client/Referring Institution or Patient/Insurance, Medicare status, and a note about billing for Medicare patients.

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.

ADDITIONAL INSTRUCTIONS AND/OR TESTS

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Table with columns: Referring Physician, Referring Institution, Address, City, State, ZIP, Phone, Fax, Country.

Circle test(s) requested. See MLabs Test Catalog at www.mllabs.umich.edu for specimen collection and handling requirements.

STORAGE TEMPERATURE: Refrigerate tests except: F = Frozen RT = Room Temperature

Main table listing various laboratory tests such as ACTH, ALD, SALDO, MALKP, A1AT, AFP, ACE, ANA, ANA2, ANAS, AT3, ATAGN, B2MIC, BCTX, BJQ, BJS, BORSC, CPEP, C3, C4, CALQ, FCPR, CAB, CLIAC, CERUL, CGAK, CH50, COPP, CORT, CORTU, CCP, CYCLO, CMVG, CMVM, DHEA, DHEAS, ADNA, GCMS2, EBVPL, ETGLU, EVERO, ENA10, HPSA, A1C, HGBE, HITAB, HBSAB, HBSAG, HCAB, HSVP, HIVC, HCY, OXCRB, IFLC, IGS, WLEAD, LEVITM, LASAY, PMETN, METAN, MTX, MMAS, MITO, MGE2, MUMPG, NCAB, PTHI, MPHTI, PETH, PSAFT, PCA, PCAG, PSAGF, TPE, UPE, PLP, DPR, RUBG, ROBG, SIRO, SM, IGF1, KIDST, ASO, FT3, T3, T3U, FT4, T4, TACRO, QFTB, TSTIA, TSTMS, TTBSM, TTBSF, THYRG, ATG, TSIS, ATPO, VZVG, VITMA, VITME, VITB1, DHVD, 25HD, ALCO, ZINC, Protein C Activity, Protein C Antigen, Protein S Antigen, Protein Electrophoresis, Pyridoxal 5-Phosphate, Renin, Rubella Virus, Rubeola Virus, Sirolimus, Smooth Muscle Antibody, Insulin-Like Growth Factor, Stone Analysis, Streptolysin O Antibody, T3, T4, Tacrolimus, TB Gold Quantiferon, Testosterone, Testosterone by LCMS, Testosterone Bioavailable Panel, Thyroglobulin Antibody, Thyroglobulin Antibody, Thyroid Stimulating Immunoglobulin, Thyroid Peroxidase IgG Antibodies, Varicella zoster Virus, Vitamin A, Vitamin E, Vitamin B1, Vitamin D, Vitamin D 25-Hydroxy, Volatiles Group, Zinc Serum, and Microbiology/Virology tests like BAFB, TBD, ORID, PCRBP, PCRSC, RPANC, OPE, CRGAG, GIPAN, QBKV, QCMV, QHIV, QHCV, HPVD, HPVSC, HPVSC, HPVMX, PCRHS, HSVSB, STI Tests and Panel Components like TBD, HPVSC, HPVMX, PCRHS, HSVSB.

Specimen Type: S = SST R = Red L = Lavender G = Green P = Pink B = Blue (citrate) N = Navy (no additive) NE = Navy (EDTA) U = Urine F = Feces M4 = Viral AP = Aptima OR = Orange (Para-Pak) GRN = Green (Para-Pak) TP = ThinPrep/PreservCyt TC = See MLabs Test Catalog

REQ10v20260218 V-REFR

1. Test available on STAT basis. STAT priority box at the top of this requisition must be checked.
2. Special collection instructions or specimen handling is required. See MLabs Test Catalog at www.mllabs.umich.edu.
3. By ordering this test, the clinician acknowledges that additional reflex testing and/or pathologist interpretation will be performed and billed at a separate additional charge if indicated.
4. By ordering this test, the clinician acknowledges they have obtained informed written consent from the patient as required by applicable state or federal laws.
5. Test includes susceptibility testing at an additional charge unless specifically declined.