



**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 Provider: Last First NPI#  
Collected By Collection Date Collection Time Oam Opm

- Bill To:  Client (Referring Institution)  
 Patient Self-Pay: client attests that patient has been informed of charges to be billed by Michigan Medicine  
 Patient Insurance:  attach complete patient and insurance demographics  
Traditional Medicare is primary payer:  Yes  No  
If Yes:  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.

**ADDITIONAL INSTRUCTIONS**

**REFERRING PROVIDER TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS**

Referring Provider Referring Institution Phone Fax  
Address City State ZIP Country  
Clinician who requested biopsy (e.g., neurologist, rheumatologist, or primary care provider) (REQUIRED) Phone Fax  
Pathologist Phone Fax  
Surgeon who performed biopsy Phone Fax

**PATIENT HISTORY/DIAGNOSIS**

Date of Biopsy Preoperative Diagnosis

Attach the following required information to ensure timely results:

- A copy of the patient's most recent medical record from the clinician that requested the biopsy. The clinical record should include:
  - Chief complaint of the neuromuscular disorder, clinical impression, and differential diagnosis
  - Family history
  - Current medications
  - Creatine kinase (CK) laboratory test results (REQUIRED)
  - Rheumatologic and serologic laboratory test results as applicable (REQUIRED) including: myositis panel, rheumatoid factor (RF), antinuclear antibody (ANA), anti-Ro, anti-La, anti-dsDNA, anti-synthetase antibodies (e.g., anti-Jo, PL7, PL12, etc.), anti-Sm, ANCA, cryoglobulins, anti-SRP, anti-HMCGCR, anti-Mi2, anti-NXP2, anti-MDA5, anti-TIF1, anti-FHL1, anti-cN-1A, etc.
  - Imaging studies and nerve conduction studies
- Follow hospital COVID-19 and infectious disease pre-screening guidelines and include notification if the patient is positive for COVID-19 or any other infectious etiology that may put technical personnel at risk.

Specimen Transport: Tracking #  FedEx  UPS  MLabs Courier  Other: \_\_\_\_\_

See MLabs Test Catalog at [www.mllabs.umich.edu](http://www.mllabs.umich.edu) for specimen collection and handling requirements.

**MATERIALS SENT**

- Muscle Biopsy Evaluation  Additional Testing (Specify): \_\_\_\_\_

**Specimen Types (check all that apply):**

- Fresh (Wet) Tissue  Frozen Tissue  Formalin Fixed (light microscopy)  Glutaraldehyde Fixed (EM)  
 Other: \_\_\_\_\_

**Muscle Biopsied:**

**LATERALITY**

**ANATOMIC SITE**

A. \_\_\_\_\_  
B. \_\_\_\_\_

Fresh tissue specimens must arrive at MLabs within 4 hours of collection M-F 7 am – 5 pm excluding holidays. The unfixed tissue specimen must be frozen if arriving in greater than 4 hours or outside of normal business hours. Specimens requiring STAT sign-out on weekends/holidays require prior approval by a specialty Pathologist. Please call MLabs at 800-862-7284 or 734-936-2598.

Lab Use Only  
Surg. Accn#: \_\_\_\_\_