



**Michigan Medicine
Laboratories (MLabs)**

mllabs.umich.edu
800.862.7284
FAX: 734.936.0755

NERVE BIOPSY 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 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 clinical record from the clinician who requested the biopsy, including but not limited to:
 - 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-HMGCR, anti-Mi2, anti-NXP2, anti-MDA5, anti-TIF1, anti-FHL1, anti-cN-1A, etc.
 - Imaging studies and nerve conduction studies

Specimen Transport: Tracking # _____ FedEx UPS MLabs Courier Other: _____

See MLabs Test Catalog at www.mllabs.umich.edu for specimen collection and handling requirements.

MATERIALS SENT

Nerve Biopsy Evaluation Additional Testing (Specify): _____

Specimen Types (check all that apply):

Formalin Fixed (light microscopy) Glutaraldehyde Fixed (EM)
 Other: _____

Nerve Biopsied:

LATERALITY

ANATOMIC SITE

A. _____
B. _____

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#: _____