



Michigan Medicine Laboratories (MLabs)

mllabs.umich.edu
800.862.7284
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OTOLARYNGOLOGY LABORATORY REQUISITION

SPECIMEN SHIPMENTS ONLY:

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

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

- 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.

- Prior Authorization:** Most insurance carriers require prior authorization to reimburse molecular or genetic testing.
- Prior Authorization obtained. Authorization number: _____
 - MLabs to apply for Prior Authorization, please attach:
 - MLabs Clinical History Form
 - A copy of the patient's most recent comprehensive medical record from the requesting clinician, such as an outpatient clinical note, inpatient consultation note, or discharge summary that includes pathology report, relevant laboratory test results, clinical history, family history, current medications, assessment and plan.
 - Required documentation available in MiChart/CareEverywhere

- Informed Consent:** A consent form is required by Michigan law for presymptomatic or predictive genetic tests. It is the responsibility of the physician (or designee) to obtain this consent. If desired, a UMHS Request and Consent for Genetic Testing form can be obtained by contacting MLabs at 800-862-7284 or online at <https://mlabs.umich.edu/media/188>.
- Informed consent obtained (please attach a copy).

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# _____

PLEASE SPECIFY:

Disease status:

- Active disease
- NED
- Intermediate

Treatment stage:

- Pre-treatment
- During treatment
- Post-operative
- Routine surveillance
- Suspected recurrence
- Metastatic/recurrent treatment response assessment

Clinical intent:

- Diagnosis of primary disease
- Diagnosis of persistent or recurrent disease
- Check HPV status of known disease
- Post-treatment monitoring

Obtain required Cell-Free DNA specimen collection tubes by calling MLabs Client Services at 800-862-7284.

- MyHPVscore (Circulating Tumor HPV DNA in Plasma) (MHPVS)

Specimen Type: Peripheral Blood, 5-10 mL PAXgene ccfDNA or Streck Cell-Free DNA tube