



Michigan Medicine Laboratories (MLabs)

mlabs.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

QUAD/AFP REQUISITION

Form with fields for Client, Patient Reg or MRN, Patient Name (Last, First, MI), Birthdate, Gender (OM, OF), Ordering Doctor (Last, First, NPI#), Ordering Doctor (Phone, Fax), and Collected By (Collection Date, Collection Time, Oam, Opm).

Form with fields for Patient Address (City, State, ZIP, Home Phone #), Policy Holders Name, Primary Insurance (Card Name, Primary Policy/Contract #, Primary Group #, Policy Holders DOB), and Secondary Insurance (Card Name, Secondary Policy/Contract #, Secondary Group #, Policy Holders DOB).

Form with 'Bill To' options: Client/Referring Institution, Patient/Insurance, Medicare, In Patient on DOS, Out Patient on DOS, Non Patient on DOS. Includes a note: 'If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the referring client.'

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.

PATIENT HISTORY/DIAGNOSIS - REQUIRED INFORMATION (FILL OUT COMPLETELY AND SEND WITH SAMPLE TO ENSURE TIMELY RESULTS.)

Patient history form including Name, Date of Birth, Weight, Ethnic Background of Origin (Caucasian-European, Caucasian-Jewish, Hispanic, Asian, Black, Other), Insulin Dependent Diabetic?, Smoking status, Previous pregnancy/child with Neural Tube Defect or Down syndrome, Oocyte donor status, and Repeat screen status.

QUAD, MSAFP OR SERUM INTEGRATED SCREENING

Screening form with fields for EDD (based on Ultrasound, LMP, Exam, DATING IS UNCERTAIN) and Number of Fetuses (Singleton, Twins, Unknown).

FIRST TRIMESTER, FULL INTEGRATED OR SEQUENTIAL SCREENING

First trimester screening form with fields for Date of Ultrasound, CRL (mm), NT (mm), N.B. (Yes, No, Unable to report), and Name or Certification # of Sonographer.

IF TWINS:

Form for twins with fields for CRL Twin B (mm), NT Twin B (mm), N.B. (Yes, No, Unable to report), and Chorionicity (Monochorionic, Dichorionic).

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

- QUAD (15w,0d to 22w,6d)
MSAFP AFP single marker - NTD only (15w,0d to 22w,6d)
SI1 Serum Integrated Screen Part 1 (10w,0d to 13w,6d)
SI2 Serum integrated Screen Part 2 (15w,0d to 22w,6d)

NT MEASUREMENT REQUIRED FOR THE FOLLOWING TESTS

- FTS First Trimester Screen (CRL 42 to 79.9 mm)
SS1 Sequential Screen Part 1 (CRL 36 to 79.9 mm)
SS2 Sequential Screen Part 2 (15w,0d to 22w,6d)
FI1NT Full Integrated Screen Part 1 (CRL 32 to 79.9 mm)
FI2NT Full Integrated Screen Part 2 (15w,0d to 22w,6d)

Copy Distribution: White - Laboratory Yellow - MLabs SP Pink - Client

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Specimen type for all assays: 1 mL serum, refrigerate and send within 24 hours or freeze.