



Michigan Medicine Laboratories (MLabs)

mlabs.umich.edu
800.862.7284
FAX: 734.936.0755

RENAL 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

[] Attach a recent comprehensive outpatient clinical note, inpatient consultation note, or discharge summary including relevant laboratory test results, clinical history, family history, current medications, assessment and plan.

AND/OR

[] Provide a brief clinical summary with differential or clinical question.

History of Diabetes: [] Yes [] No

Attach a copy of relevant laboratory test values or record below:

URINALYSIS:

Dipstick Blood:
Protein:
Glucose:
Leukocytes:
Nitrites:
Sediment:

CLINICAL CHEMISTRY:

Serum Creatinine:
UPCR or 24 Hr Urine Protein:
C3:
C4:

ANA:
DS DNA:
ANCA:
Cryoglobulins:

Fasting Glucose:
Hemoglobin A1c:
Serum Protein Electrophoresis:
Serum Free Light Chain Ratio:

Specimen Transport: Tracking # [] FedEx [] UPS [] MLabs Courier [] Other:

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

MATERIALS SENT

[] Native Renal Biopsy Evaluation [] Transplant Renal Biopsy Evaluation [] Additional Testing (Specify):

Specimen Types (check all that apply):

[] Formalin Fixed (light microscopy) [] Glutaraldehyde Fixed (EM) [] Zeus / Michel's (IF) [] Other:

Kidney Biopsied:

LATERALITY

[] Left [] Right [] Allograft

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. The Renal Pathology Office can be reached at 734-647-2921.

Lab Use Only
Surg. Accn#: