



Michigan Medicine Laboratories (MLabs)

mllabs.umich.edu
800.862.7284
FAX: 734.936.0755

SURGICAL/CYTOPATHOLOGY 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 Doctor: Last First NPI#

Collected By Collection Date Collection Time Oam Opm Ordering Doctor: Phone Fax
Patient Address City State ZIP Home Phone #
Policy Holders Name Primary Insurance (Card Name) Primary Policy/Contract # Primary Group # Policy Holders DOB
Policy Holders Name Secondary Insurance (Card Name) Secondary Policy/Contract # Secondary Group # Policy Holders DOB

Bill To: Client/Referring Institution Patient/Insurance
Medicare = In Patient on DOS Out Patient on DOS Non Patient on DOS

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.

ADDITIONAL INSTRUCTIONS AND/OR TESTS

RELEVANT HISTORY

Has Patient Received: Radiation Cytotoxic Drugs Please Explain:

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

SURGICAL PATHOLOGY CONSULTATION /TEST REQUESTED

Surg Path Evaluation Renal Biopsy Evaluation Muscle Biopsy Evaluation Nerve Biopsy Evaluation
Additional Testing (Specify):

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.

Specimen Types (check all that apply):

Wet Tissue Frozen Tissue Formalin Fixed Gluteraldehyde/Karnovsky's Other:
Tissue Source/Location (e.g., Lt. Breast): Procedure (Nature of Operation):
Post Op Diagnosis:

Lab Use Only
Surg. Accn#:

CYTOPATHOLOGY EVALUATION (NON-GYNECOLOGICAL)

Specimen Types (check all that apply):
Fine Needle Aspiration, Specify site: Esophageal Brushing Gastric Brushing
Peritoneal Effusion Pleural Fluid Bronchial Washing Bronchial Brushing
Bronchial Lavage Sputum Urine Voided Urine Catheterized
Bladder Washing Urine Other (Specify):
Other Specimen Type (Specify):

Lab Use Only
Relevant prior cancer/treatment Hx:

Dx:

CYTOPATHOLOGY EVALUATION (GYNECOLOGICAL)

Specimen Types (check all that apply):
Cervical/Endocervical Endocervical Only Vaginal Other:
Screening Pap: This Pap smear is part of the routine physical examination (NO patient complaints).
Diagnostic Pap: Patient has had previous abnormal tests, findings, symptoms, or significant complaints.
Reflexive HPV (High Risk) Test WITH ThinPrep Pap: Specimen will be held 21 days for additional test requests.
If ASCUS Only If ASCUS or Negative If Negative All Atypical/Abnormal Results For All Results Do Not Perform

Lab Use Only
Dx:

Relevant History (Specimens without history not accepted)

LMP: Unavailable (For women less than 50 years of age, an LMP or reasonable estimate of days or months must be provided.)
Pregnant: # Weeks Post Partum: # Weeks Postmenopausal
IUD in place Abnormal cervix Previous gynecological surgery
Previous abnormal pap smear Hormonal Therapy Chemotherapy
Radiation Cancer Hx/Additional relevant Hx

Copy Distribution: White - MLabs Yellow - Client

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1 By ordering this test, the clinician acknowledges that additional reflex testing and/or pathologist interpretation will be performed and billed at a separate additional charge if indicated.