



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
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HISTOCOMPATIBILITY REQUISITION

Client information fields: Patient Reg or MRN, Patient Name (Last, First, MI), Birthdate, Gender (OM, OF), Ordering Doctor (Last, First, NPI#), Ward

Patient Address fields: Patient Address, City, State, ZIP, Home Phone #; Policy Holders Name, Primary Insurance (Card Name), Primary Policy/Contract #, Primary Group #, Policy Holders DOB; 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. Includes note: If patient or insurance information is not included or attached to this form, your facility will be billed.

ICD-10 CODES fields and note: 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. Fields: 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. Fields: Diagnosis, Collection Date, Time, (Oam Opm) Footnote: Case/Accn #

Donor specimen, please include: Recipient's full name and/or MRN, Relationship to Recipient, Recipient Diagnosis, Patient/Recipient specimen, Patient has not yet received a transplant, Patient has received a transplant

For all Donor Specific Antibody (DSA) testing, an additional unique patient identifier is required for matching in UNOS database. Please provide: U of M MRN or Last 4 digits SSN

TEST PANELS: HEMATOPOEITIC CELL TRANSPLANT, SOLID ORGAN TRANSPLANT (CIRCLE PATIENT TYPE) with sub-sections KIDNEY, HEART, LUNG, LIVER, PANCREAS, HLA TYPING & PRA FOR TRANSFUSION SUPPORT OR PLATELETS, DISEASE ASSOCIATION STUDIES

Specimen Type: R = Red top (SST acceptable) Y = Yellow top (ACD)
Copy Distribution: White - MLabs Histocompatibility Lab Yellow - MLabs SP Pink - Client Revised: 03-30-2022 B-REFR

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