

DEFINITIONS/EXPLANATIONS

RETURN RESULTS TO: Name and address of your institution (hospital, clinic, health department, state agency, etc.). Please include phone number and fax number.

PROVIDER: Name of the physician or provider authorized to order testing

NATIONAL PROVIDER IDENTIFIER (NPI): The NPI is a unique identification number for covered health care providers, must match with the name of the ordering party.

LABORATORY SPECIMEN NUMBER: For MDHHS Laboratory Use Only

DATE COLLECTED: The date (MM/DD/YYYY) that the specimen was collected from the patient.

SPECIMEN SOURCE: Serum is required.

PATIENT NAME: Patient's name (first and last). Must match specimen label exactly.

DATE OF BIRTH: Patient's date of birth (MM/DD/YYYY). Must match the specimen label exactly.

SEX: Mark the current biological sex of the patient. This may differ from gender or gender identity of patient.

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, gender identification or expression, sexual orientation, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

By Authority of Act 368, P.A. 1978
