



**VANDERBILT UNIVERSITY MEDICAL CENTER
REQUEST FOR DIAGNOSTIC ELECTRON MICROSCOPY
Division of Electron Microscopy/Renal Pathology Laboratory
C2317 Medical Center North, Nashville, TN 37232-2561
Phone (615) 322-3070 *** Fax (615) 322-4840**

To ensure faster service, please fill in all spaces completely when submitting tissue for EM.

"FOR VUMC CASES, PLEASE ATTACH COPY OF SURGICAL PATHOLOGY REPORT AND SEND A REPRESENTATIVE GLASS SLIDE"

Patient's Name: _____ Age/Date of Birth: _____ Sex/Race: _____

Accession Number: _____ Medical Record Number: _____ SSN: _____

Clinician's Name: _____ Pathologist's Name: _____

Resident's Name: _____ Pager Number: _____

Tissue submitted in: 2% Glut _____ Paraffin Block _____ 10% Formalin _____ Slides _____

Clinical History: _____

Immunoperoxidase Studies: _____

Differential Diagnosis: _____

Tissue Source: _____

This case is _____ Clinically relevant or _____ Research

REQUESTING OUTSIDE FACILITY INFORMATION (do not complete for in-house cases)

Inpatient: _____ or Outpatient: _____ Bill Insurance: _____ Bill Client: _____

If applicable, please include all billing information for Patient-Bill Cases. Paperwork without insurance information would be billed to the client.

OUTSIDE PATHOLOGIST'S NAME, HOSPITAL NAME & ADDRESS: _____

PHONE: _____ **FAX NUMBER:** _____ **NPI Number:** _____

REQUESTING CLINICIAN'S NAME, FACILITY NAME & ADDRESS: _____

PHONE: _____ **FAX NUMBER:** _____ **NPI Number:** _____