



VANDERBILT PATHOLOGY LABORATORY SERVICES

Nashville: (615) 936-0510 • Continental U.S.: (800)551-5227

SEND SPECIMEN(S) TO:

4607 The Vanderbilt Clinic
1301 Medical Center Drive
Nashville TN 37232-5310

REFERRING CLIENT/COLLECTION CENTER
(VPLS) VPLS CLIENT ACCOUNT

BILL TO:

Client Account

Patient (Billing information must be attached.)

REFERRING PHYSICIAN

PHONE NUMBER

FOR LAB USE ONLY

3G MR #

REQUEST #

PATIENT NAME (LAST) (FIRST) (M.I.)

SEX FEMALE MALE DATE OF BIRTH PATIENT ID NUMBER 3G (CLIENT)

DATE COLLECTED TIME COLLECTED AM PM SAMPLE ID 3G (REFERENCE)

SERUM PLASMA URINE OTHER _____ URINE TOTAL VOLUME _____

Required Information:

Referring Physician: _____ Phone: _____

Referring Laboratory: _____ Phone: _____

Contact Person: _____ Fax: _____

Patient's VU Medical Record # (if known): _____ ICD-10 Code: _____

MOLECULAR DIAGNOSTIC TESTING**INHERITED GENETIC DISEASES:**

___ FVM FACTOR V MUTATION ANALYSIS
___ FXM FRAGILE X MUTATION ANALYSIS
___ HHM HEREDITARY HEMOCHROMATOSIS (C282Y, H63D)
___ HUN HUNTINGTON'S DNA ANALYSIS
___ HHC HYPERHOMOCYSTEINEMIA (MTHFR-C677T, A1298C)
___ PT2 PROTHROMBIN MUTATION 20210

SOMATIC GENETIC DISEASES:

___ IGR IGH GENE REARRANGEMENT
___ RFL BONE MARROW ENGRAFTMENT
___ BLH LOSS OF HETEROZYGOSITY - GLIOMA
___ TCC TCR-GAMMA GENE REARRANGEMENT
___ B2A BCR-ABL by RT-PCR
___ FL3 FLT3-ITD
___ RFL DNA BANKING
___ MSI MICROSATELLITE INSTABILITY
___ JK2 JAK 2 MUTATION V617 F
___ V6A BRAF MUTATION V600 E
___ GIS GASTROINTESTINAL STROMAL TUMORS

DNA IDENTITY TESTING:

___ RFL DNA IDENTITY TESTING

Specimen(s) submitted: _____

INFECTIOUS DISEASES:

___ ADV ADENOVIRUS DETECTION
___ BKV BK VIRUS PCR QUANTIFICATION
___ CMD CMV DETECTION PCR
___ CMQ CMV QUANTIFICATION
___ CGD CHLAMYDIA / GC AMP PROBE
___ EBD EPSTEIN-BARR VIRUS DETECTION
___ EBQ EPSTEIN-BARR VIRUS QUANT.
___ EHD EHRlichia PCR
___ EVD ENTEROVIRUS PCR
___ GIP GASTROINTESTINAL PATHOGEN PANEL
___ HBD HEPATITIS B QUANTIFICATION
___ HCQ HEPATITIS C QUANTIFICATION
___ HC5 HEPATITIS C GENOTYPING
___ HSD HERPES SIMPLEX 1&2 PCR
___ H6D HUMAN HERPESVIRUS 6 PCR
___ H7D HUMAN HERPESVIRUS 7 PCR
___ H8D HUMAN HERPESVIRUS 8 PCR
___ HNA HIV-1 ULTRA QUANT
___ HVG HIV-1 GENOTYPING
___ HPP HPV DETECTION (ThinPrep)
___ IAD INFLUENZA A PCR
___ IBD INFLUENZA B PCR
___ H1N INFLUENZA H1N1 PCR
___ PVB PARVOVIRUS B19 DNA
___ RPP RESPIRATORY PATHOGEN PANEL
___ RSD RSV A&B PCR
___ VZD VARICELLA ZOSTER PCR

For more information on specimen collection, specimen transport,
or Molecular Diagnostic Testing, call: 1-800-551-5227
or visit us on-line at: www.labVU.com