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

PATIENT NAME (LAST) (FIRST) (M.I.)
SEX ☐ FEMALE ☐ MALE
DATE COLLECTED - - - - -
TIME COLLECTED ☐ AM ☐ PM
PATIENT ID NUMBER 3G (CLIENT)
SAMPLE ID 3G (REFERENCE)

SERUM ☐ PLASMA ☐ URINE ☐ OTHER ☐ URINE TOTAL VOLUME

PATIENT NAME (LAST) (FIRST) (M.I.)
SEX ☐ FEMALE ☐ MALE
DATE COLLECTED - - - - -
TIME COLLECTED ☐ AM ☐ PM
PATIENT ID NUMBER 3G (CLIENT)
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

NEXT GEN (NGS) TESTING:
- ONB ONKOSIGHT MYELOID PANEL
- ONT ONKOSIGHT SOLID TUMOR PANEL

Specimen / Tissue Block Information: ______________________________________
______________________________________________________________________
______________________________________________________________________

DNA IDENTITY TESTING:
- RFL DNA IDENTITY TESTING

Specimen(s) submitted: ______________________________________
______________________________________________________________________
______________________________________________________________________

INFECTIOUS DISEASES:
- BKV BK VIRUS PCR QUANTIFICATION
- CMV CMV DETECTION PCR
- CGD CHLAMYDIA / GC AMP PROBE
- EBV EPSTEIN-BARR VIRUS DETECTION
- EBV EPSTEIN-BARR VIRUS QUANT.
- EHD EHRlichia PCR
- EVD ENTEROVIRUS PCR
- GI P GASTROINTESTINAL PATHOGEN PANEL
- HBV HEPATITS B QUANTIFICATION
- HCV HEPATITS C QUANTIFICATION
- HCT HEPATITS C GENOTYPING
- HSP HEPATITIS SIMPLEX 1&2 PCR
- HIV 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)
- RPP RESPIRATORY PATHOGEN PANEL
- 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

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