



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 OF BIRTH ____-____-____ PATIENT ID NUMBER _____ (3G (CLIENT))

DATE COLLECTED ____-____-____ TIME COLLECTED ____:____ AM PM SAMPLE ID _____ (3G (REFERENCE))

SERUM PLASMA URINE OTHER _____ URINE TOTAL VOLUME _____

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 # _____

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:**

- ___ BP1 BMPR2 -MUTATION (PAH)
- ___ CFT CYSTIC FIBROSIS TESTING
- ___ FVM FACTOR V MUTATION ANALYSIS
- ___ FXM FRAGILE X MUTATION ANALYSIS
- ___ HHM HEREDITARY HEMOCHROMATOSIS (C282Y, H63D)
- ___ HTP HEREDITARY PANCREATITIS (R122H, A16V, D22G, K23R, N29I)
- ___ HUN HUNTINGTON'S DNA ANALYSIS
- ___ HHC HYPERHOMOCYSTEINEMIA (MTHFR-C677T, A1298C)
- ___ CAD MCAD DNA ANALYSIS
- ___ PT2 PROTHROMBIN MUTATION 20210

INFECTIOUS DISEASES:

- ___ ADV ADENOVIRUS DETECTION
- ___ BCD BARTONELLA-COXIELLA 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
- ___ GPP GASTROINTESTINAL 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
- ___ TBD MYCOBACTERIA TB PCR
- ___ PVB PARVOVIRUS B19 DNA
- ___ RVP RESPIRATORY VIRAL PANEL
- ___ RSD RSV A&B PCR
- ___ VZD VARICELLA ZOSTER PCR

SOMATIC GENETIC DISEASES:

- ___ IGR IGH GENE REARRANGEMENT
- ___ BC2 BCL-2 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
- ___ AMS SNAPSHOT AML PANEL
- ___ SOC SNAPSHOT COLON STD CARE PANEL
- ___ SGP SNAPSHOT GLIOMA PANEL
- ___ SLP SNAPSHOT LUNG PANEL
- ___ SMP SNAPSHOT MELANOMA PANEL

PCR-based testing is performed pursuant to a licensing agreement with Roche Molecular Systems, Inc.

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