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_____

CANCER MUTATION TESTING

REFERRING CLIENT INFORMATION:

Contact Person: _____ **Fax:** _____

Referring Physician: _____ **Phone:** _____

Patient's VU Medical Record # (if known): _____ **ICD-9 Code:** _____

TEST(S) REQUESTED:

___ **SOC** SNAPSHOT COLON STD CARE PANEL
30 mutations in 2 genes (BRAF, KRAS)

___ **SLP** SNAPSHOT LUNG PANEL
42 mutations in 9 genes (AKT1, BRAF, EGFR, HER2, KRAS, MEK1, NRAS, PTEN and PIK3CA)

___ **SMP** SNAPSHOT MELANOMA PANEL
43 mutations in 6 genes (BRAF, CTNNB1, GNA11, GNAQ, KIT, and NRAS)

___ **AMS** SNAPSHOT AML PANEL
51 mutations in 5 genes (IDH1, IDH2, FLT3_TKD, KIT, and DNMT3A)

___ **SGP** SNAPSHOT GLIOMA PANEL
19 mutations in 3 genes (BRAF, IDH1, and IDH1)

___ ALK FISH

___ HER-2 FISH

___BLH BRAIN LOH (Loss of Heterozygosity)

___ OTHER (please list tests requested): _____

SUBMITTING SAMPLES:

1. **Complete all client, test and BILL TO: information requested above.**
2. **Submit paraffin block of tumor tissue AND copy of pathology report.**
   Ship at room temperature or refrigerated. Keep cool during summer months.
3. **Provide complete demographic and insurance information if patient billing requested.**
   Insurance will be verified and client notified if claim cannot be processed.
4. **Complete shipping and test information is available on-line: www.labVU.com**

RETURN TISSUE BLOCK TO:

NAME: _____

ADDRESS: _____

_____

CITY: _____

STATE: _____ **ZIP:** _____

Contact Phone: _____

Blocks returned within 10 days of final report.

For more information or assistance, contact VPLS at 1-800-551-5227 or visit on-line at: www.labVU.com