



# 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  MALEDATE OF BIRTH  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_

PATIENT ID NUMBER \_\_\_\_\_ 3G (CLIENT)

DATE COLLECTED  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_TIME COLLECTED  
 AM  PM

SAMPLE ID \_\_\_\_\_ 3G (REFERENCE)

SERUM  PLASMA  URINE  OTHER \_\_\_\_\_ URINE TOTAL VOLUME \_\_\_\_\_

## SURGICAL PATHOLOGY REQUEST FORM

**NOTE: For Direct Billing, Complete Patient Billing Information (FACE SHEET) must be sent with sample.**

REFERRING PHYSICIAN: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ ICD:10 CODE: \_\_\_\_\_

For more information, please contact VPLS at 1-800-551-5227.

### CLINICAL HISTORY AND DIAGNOSIS

Previous Vanderbilt Pathology specimens? No Yes (Provide numbers/dates if known):

Date of this Biopsy:

Clinical Features:

Specimen Information:

Physician Name (Print Clearly) and NPI #:

Address:

Phone No./Contact Person: