



# 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:**

- \_\_\_ 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

**INFECTIOUS DISEASES:**

- \_\_\_ 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)
- \_\_\_ RPP RESPIRATORY PATHOGEN PANEL
- \_\_\_ VZD VARICELLA ZOSTER PCR

**NEXT GEN (NGS) TESTING:**

- \_\_\_ ONB ONKOSIGHT MYELOID PANEL
- \_\_\_ ONT ONKOSIGHT SOLID TUMOR PANEL

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](http://www.labVU.com)

Specimen / Tissue Block Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DNA IDENTITY TESTING:**

- \_\_\_ RFL DNA IDENTITY TESTING

Specimen(s) submitted: \_\_\_\_\_  
\_\_\_\_\_