



QUESTIONS????
 Call us at
 1-800-592-4957
 or Email us at
 contact@becklabs.com

Mailing Address:
 3209 W Smith Valley Rd
 Suite 222
 Greenwood, IN 46142
 (800) 592-4957

Physical Address:
 3209 W Smith Valley Rd
 Suite 222
 Greenwood, IN 46142
 (317) 780-2325

9400

CLIA ID: 15D0857296

LABORATORY TEST REQUEST

TAX ID: 35-1931346

| | | | | | |
|---|------------------|--|---|--|--|
| Patient Last Name (required) | | Patient First Name (req) | | Date of Birth (req) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Medical Record # (req) | Lab Accession Id | Physician Name (required) | | Collection Date (req) | |
| Source | | | Obtained | | |
| Urinary: <input type="checkbox"/> Bladder <input type="checkbox"/> Urethra <input type="checkbox"/> Kidney <input type="checkbox"/> Left Kidney <input type="checkbox"/> Right Kidney | | Other: <input type="checkbox"/> Prostate <input type="checkbox"/> Ureter <input type="checkbox"/> Left Ureter <input type="checkbox"/> Right Ureter | | <input type="checkbox"/> Biliary (Gall Bladder) <input type="checkbox"/> Salivary <input type="checkbox"/> _____ | |
| <input type="checkbox"/> Passed <input type="checkbox"/> Manipulation <input type="checkbox"/> Cystoscopic <input type="checkbox"/> Surgery | | <input type="checkbox"/> ESWL <input type="checkbox"/> Post ESWL <input type="checkbox"/> Percutaneous <input type="checkbox"/> _____ | | | |
| Comments | | | | | |
| Account / Facility Name (req) | | | | Account Id | |
| Vanderbilt University Medical Center | | | | 9400 | |
| Address (req) | | | City (req) | | |
| 1301 Medical Center Dr, TVC 4607 VUMC-Reference Lab | | | Nashville | | |
| | | | State (req) | Postal Code (req) | |
| | | | TN | 37232 | |
| Authorized Contact Name (required) | | Contact Phone # (req) | | Country | |
| | | 615-343-8079 | | United States | |
| Instructions | | | Do you need... | | |
| - Please fill out as much information as possible. - Stickers may be applied to this sheet in lieu of written information, provided the sticker contains the required information. - Place specimen (calculus) into an appropriate container. Place both specimen container and this form into a padded mailer and ship to: Beck Laboratories 3209 W Smith Valley Rd Suite 222 Greenwood, IN 46142 - NOTE: Please apply the correct postage to ensure quick delivery. - When shipping more than one specimen, ensure that each container is uniquely identified to be matched with the respective requisition form. | | | <input type="checkbox"/> Shipping Mailers # _____ <input type="checkbox"/> Specimen Containers # _____ <input type="checkbox"/> Request Forms # _____ | | |
| | | | Who should be billed? | | |
| | | | <input type="checkbox"/> Bill Sending Facility (Account) <input type="checkbox"/> Medicare (US ONLY) * <input type="checkbox"/> Medicaid (INDIANA ONLY) * <input type="checkbox"/> Insurance * * please attach a sheet of paper with the appropriate insurance information. | | |