

**CLINICAL VEGF-D SAMPLE REQUISITION**

Translational Trials Development and Support Lab  
 Division of Experimental Hematology & Cancer Biology  
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**Deliver Samples  
 to:  
 S11.603**

**Specimen Information (All patient specimens must have a secondary identifier in addition to the name)**

Patient Name or Specimen ID: \_\_\_\_\_ MRN: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_

Referring Institution/Lab: \_\_\_\_\_ Requesting Physician: \_\_\_\_\_

Authorized Contact Name: \_\_\_\_\_ Authorized Contact Phone: \_\_\_\_\_

Authorized Contact Signature: \_\_\_\_\_

**Send Report To:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Send Copy Of Report To Cincinnati Physician:**

**Dr. Frank McCormack**

**Dr. Nishant Gupta**

**Billing Information (check one and complete)** **Commercial Insurance/Policy Holder Information**

Member Name (if different than patient): \_\_\_\_\_

Member ID Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Authorization Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

 **Bill Referring Institution/Lab:**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Client code (if applicable): \_\_\_\_\_

**Specimen Type (see collection procedures sheet for more information)****Local sample:**

$\geq 3$  ml whole blood in a serum separator tube (SST)

$\geq 1$  ml serum isolated from blood collected in a serum separator tube (SST) and processed within 2 hr of collection

**Shipped sample:**

$\geq 1$  ml serum isolated from blood collected in a serum separator tube (SST)

**Check one:**

Fresh (shipped at ambient temperature on day of collection)

Frozen (shipped on dry ice)

**Store serum at ambient temperature or  $\leq -20^{\circ}\text{C}$ . Do NOT store at  $4^{\circ}\text{C}$ .**

**TTDSL USE ONLY**

**Sample Receipt:** Tech ID: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Verify Cerner Entry:** Tech ID: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:** \_\_\_\_\_