

Practice Name: _____

Address: _____

E-mail: _____

Phone: _____ Fax: _____

Patient Information*

Name (Last, First, MI): _____ Sex: Male Female

Date of birth (MM/DD/YYYY)*: _____

Include copies of the patient's demographic face sheet or write-in details below.

Street address: _____

City: _____ State: _____ Zip: _____

Patient phone #: _____

Medical record/Patient ID#: _____

Place of Service:

- Hospital inpatient Ambulatory surgical center
 Hospital outpatient Office/Non-hospital

Billing Information*

Bill to: Insurance Patient Client Medicare/Medicaid
**Include copies of both sides of the patient's insurance card(s) with the requisition.*

Insurance name: _____

Insurance address: _____

City/State/Zip: _____

Policy #: _____

Group/Plan #: _____

Subscriber name: _____

Subscriber DOB: _____

Relationship to subscriber: Self Spouse Dependent

Secondary Insurance: Yes* No

**Attach all of the patient's secondary insurance information to this requisition.*

Provider Information

Ordering physician: _____

Ordering physician NPI #: _____

Duplicate report sent to: _____

Clinical History/ICD-10: _____
Attach all relevant clinical history to this requisition.

Collection date: _____ Time: _____ : _____ A.M./P.M.

Tissue biopsy (designate sites):

- A. _____ E. _____
 B. _____ F. _____
 C. _____ G. _____
 D. _____ H. _____

Other

Vas deferens Second opinion

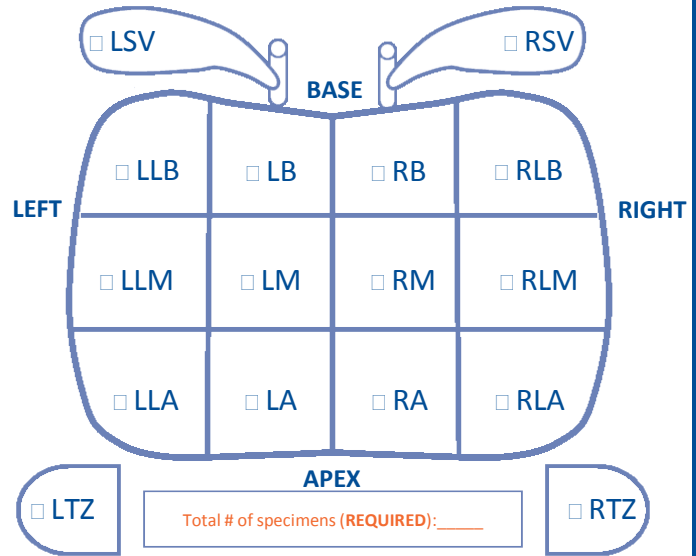
Technical processing **only***

**Unless checked, all specimens received will be treated as global cases.*

Prostate

History:

- Elevated PSA (R97.2) Result: _____
 History of prostate cancer (Z85.46) Nodule/Abnormal DRE (N40.2)
 Prior biopsy results | Atypical Cancer
 Prior treatment? | Radiation Hormone Cryotherapy

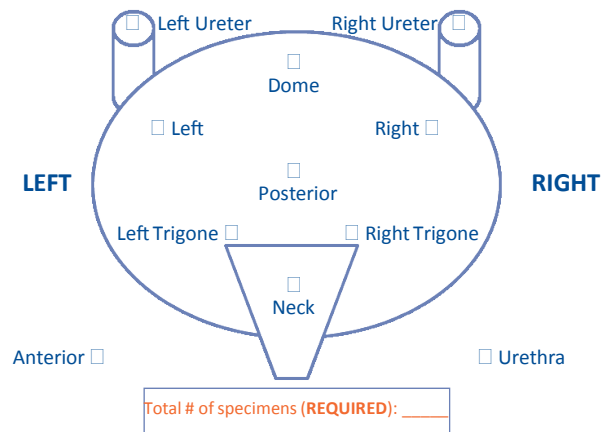


- TURP Second opinion Other: _____
 PTEN/ERG FISH Reflex PTEN/ERG if positive Gleason score 6 or 7

Bladder/Urine/FISH/Renal Stones

History:

- Hematuria (R31.9) CIS bladder (D09.0)
 Cystitis without hematuria (N30.80) Cystitis with hematuria (N30.81)
 HG Pap (C67.9) LG Pap (C67.9) History of bladder cancer (Z85.51)
 Prior Treatment? | BCG Radiation Mitomycin C



- Urine cytology → Voided Catheter Right-upper tract
 Conduit/Neobladder Left-upper tract

- UroVysion® FISH (regardless of cytology) Check one or both.
 UroVysion® FISH (reflex for: ATYPICAL | POSITIVE) ←
 Renal calculus for analysis Urine PCA3
 Urine culture and sensitivity