

CLIENT INFORMATION PLEASE CHECK REQUESTING PHYSICIAN

CHECK ONE: TC ONLY GLOBAL CONSULTATION

PATIENT INFORMATION (Green highlighted sections are required information)

Please attach patient face sheet and front and back of primary and secondary insurance card: See Attached

Name (Last, First): _____
Date of Birth: ___/___/___ Sex: M F SS# _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Medical Record #: _____

BILLING INFORMATION See Attached

Primary: Medicare Medicaid Insurance Patient Client
Insurance: _____ Policy #: _____ Group #: _____
Ins. Address: _____ City: _____ State: _____ Zip: _____
Policy Holder: _____ DOB: _____
Policy Holder: Self Spouse Child Other
Secondary: Medicare Medicaid Insurance Patient Client
Insurance: _____ Policy #: _____ Group #: _____
Ins. Address: _____ City: _____ State: _____ Zip: _____

CLINICAL INFORMATION

COLLECTION DATE: _____/_____/_____

Clinical History: _____

I hereby authorize the release to EmeritusDX of any medical and insurance information necessary to process claims for services provided by EmeritusDX. I hereby authorize EmeritusDX to pursue all necessary appeals of full or partial denials of payment in relation to services provided by EmeritusDX.

Patient Signature: _____

ICD-10 CODES Physician is required to (1) submit ICD-10 diagnosis supported in patient's medical record as documentation of medical necessity, or (2) explain and have the patient sign an ABN.

Failure to provide ICD-10 code(s) will delay processing of the specimen. Listed below are commonly used ICD-10 codes, check codes that apply or list codes in the space provided to support the test request(s).

PROSTATE

- R97.20 Elevated PSA
- N41.1 Chronic Prostatitis
- N41.0 Acute Prostatitis
- N41.9 Inflammatory disease of prostate, unsp.
- C61 Malignant neoplasm of prostate
- D40.0 Neoplasm of uncertain behavior of prostate
- R97.21 Rising PSA following treatment for malignant neoplasm, prostate
- Z85.46 Personal hx malignant neoplasm, prostate
- Z30.2 Encounter for sterilization
- D41.4 Neoplasm of uncertain behavior of bladder
- N40.2 Nodular prostate without lower urinary tract symptoms
- N40.1 Benign prostatic hyperplasia with lower urinary tract symptoms

BLADDER/URINE

- N39.0 Urinary tract infection
- Z87.440 History of UTI (recurrent, persistent, or complicated UTI)
- R31.29 Other microscopic hematuria
- N30.00 Acute cystitis w/o hematuria
- R31.1 Benign microscopic hematuria
- N20.0 Calculus of kidney
- R30.0 Dysuria
- R31.0 Gross hematuria
- R31.9 Hematuria, unsp.
- C67.9 Malignant neoplasm bladder
- G89.29 Other chronic pain
- N30.20 Other chronic cystitis without hematuria
- R82.99 Other abnormal findings in urine
- Z85.51 Personal hx malignant neoplasm, bladder
- R11.3 Screen for infections w/ sexual mode of transmission
- 211.8 Screen for other infection I parasitic diseases
- Other _____

UTIDX® FOR SYMPTOMATIC URINARY INFECTIONS

UTIDX® UTI TEST - Order test by selecting collection method

(BACTERIA, BACTERIAL GROUPS, YEAST, ABR GENES) Test details on back

UTIDX™ (PCR Detection with AST) Voided Urine Catheterized Urine Other: _____

UTIDX™ F-AST (Same Day Results PCR Detection without AST) Voided Urine Catheterized Urine Other: _____
AST = Antibiotic susceptibility testing

HISTOLOGY

PROSTATE Needle Core Biopsy Fusion Biopsy* TURP Other: _____

*For Fusion Biopsy, please list number of cores for ROI in table below

Previous Biopsy: Benign Suspicious/ASAP HGPIN Malignant None

DRE: Normal Abnormal Clinical Stage: T1c T2a T2b T2c T3

Last PSA: _____ ng/ml Date: _____/_____/_____

LEFT APEX	LEFT LATERAL APEX	LEFT MID	LEFT LATERAL MID	LEFT BASE	LEFT LATERAL BASE	SITE:	SITE:
#:	#:	#:	#:	#:	#:	#:	#:
RIGHT APEX	RIGHT LATERAL APEX	RIGHT MID	RIGHT LATERAL MID	RIGHT BASE	RIGHT LATERAL BASE	SITE:	SITE:
#:	#:	#:	#:	#:	#:	#:	#:

BLADDER & OTHER HISTOLOGY

COLLECTION METHOD

TURBT Cold Cup Biopsy Excision Other: _____

SITE

Bladder-Site(s): _____

Vas Deferens: Right Left

Other: _____

Consult Request - Please include all Case Slides

By submission of this requisition and accompanying sample(s), I authorize and direct you to perform the testing indicated above, (I) certify that the ordered tests are reasonable and medically necessary by the diagnosis or treatment of this patient's condition. (I) certify that, to the extent required by the laws of the state in which I provide healthcare services, I have obtained this patient's informed consent to undergo any testing requested hereby, and to have the results reported to me and (I) agree to provide you a copy of this persons signed and dated consent form per your request.

Physician/Authorized Signature _____ **Date** _____/_____/_____

Signature required on this order or in the patient's medical record

Please Discard Extra Labels

1-Complete all required information on requisition. 2-Use appropriate number of labels provided. 3-Place 1 label on each specimen container (not on lid).

Left Lateral Base #2 Name _____	Left Lateral Base Name _____	Left Base Name _____	Right Base Name _____	Right Lateral Base Name _____	Right Lateral Base #2 Name _____
Left Lateral Mid #2 Name _____	Left Lateral Mid Name _____	Left Mid Name _____	Right Mid Name _____	Right Lateral Mid Name _____	Right Lateral Mid #2 Name _____
Left Lateral Apex #2 Name _____	Left Lateral Apex Name _____	Left Apex Name _____	Right Apex Name _____	Right Lateral Apex Name _____	Right Lateral Apex #2 Name _____
Left Seminal Vesicle Name _____	Left Lateral Transitional Name _____	Left Transitional Name _____	Right Transitional Name _____	Right Lateral Transitional Name _____	Right Seminal Vesicle Name _____
Urine Name _____	Bladder Biopsy Site: Name _____	Vas Deferens Left Name _____	Vas Deferens Right Name _____	Other: Name _____	Other: Name _____

Emeritus DX

TOGETHER, WE SAVE LIVES

UTIDX® UTI TEST ID, ABR & AST

Simple Cystitis, Interstitial Cystitis, Recurrent, Persistent, or Complicated UTI, and Prostatitis

- **Bacterial and Yeast Organisms** *Details listed below*
- **Bacterial Groups** *Details listed below*
- **Genotype Antibiotic Resistance Genes** *Details listed below*

UTIDX® F-AST UTI TEST ID, ABR

Simple Cystitis, Interstitial Cystitis, Recurrent, Persistent, or Complicated UTI, and Prostatitis

- **Bacterial and Yeast Organisms** *Details listed below*
- **Bacterial Groups** *Details listed below*
- **Genotype Antibiotic Resistance Genes** *Details listed below*

ORGANISMS TESTED:

BACTERIAL AND YEAST ORGANISMS

- Acinetobacter baumannii
- Actinobaculum schaalii
- Aerococcus urinae
- Alloscardovia Omnicolens
- Candida albicans
- Candida auris
- Candida glabrata
- Candida parapsilosis
- Citrobacter freundii
- Citrobacter koseri
- Coagulase Negative Staph
- Corynebacterium riegelii
- Enterobacter aerogenes
- Enterobacter cloacae
- Enterococcus faecalis
- Enterococcus faecium
- Escherichia coli
- Klebsiella oxytoca
- Klebsiella pneumoniae
- Morganella morganii
- Mycoplasma hominis
- Pantoea agglomerans
- Proteus mirabilis
- Proteus vulgaris
- Providencia stuartii
- Pseudomonas aeruginosa
- Serratia marcescens
- Staphylococcus aureus
- Streptococcus agalactiae
- Ureaplasma urealyticum
- Viridans Group Strep

GENOTYPE ANTIBIOTIC RESISTANCE GENES

- AMPICILLIN
- CARBAPENEM
- EXTENDED SPECTRUM BETA-LACTAMASE
- METHICILLIN
- QUINOLINONE/FLUOROQUINOLONE
- VANCOMYCIN

BLADDER FISH

GENES TESTED:

- CEP3
- CEP7
- CEP17
- 9p21

MetaDX™

Metastatic Prostate Cancer

- AR