

**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**

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

**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
- Z11.3 Screen for infections w/ sexual mode of transmission
- Z11.8 Screen for other infection I parasitic diseases
- Other \_\_\_\_\_

**UTIDX® FOR SYMPTOMATIC URINARY INFECTIONS**

**UTIDX® UTI TEST** - Order test by selecting collection method AST = Antibiotic susceptibility testing (BACTERIA, BACTERIAL GROUPS, YEAST, ABR GENES) Test details on back

UTIDX™ (PCR Detection with AST)  Voided Urine  Catheterized Urine  Other: \_\_\_\_\_  
 UTIDX™ F-AST  Voided Urine  Catheterized Urine  Other: \_\_\_\_\_  
 (Same Day Results PCR Detection without AST)  
 UTIDX™ / STI™  Post Massage Urine  Semen  
 PROSTATITIS  PRE-PROSTATE BIOPSY Rectal Swab (PPBRs)  
 STIDX™ (ADDITIONAL SPECIMEN TUBE REQUIRED)  Voided Urine  Catheterized Urine  Other: \_\_\_\_\_  
 IS PATIENT ON ANTIBIOTICS  Yes  No

**URINE CYTOLOGY & BLADDER FISH**

**COLLECTION METHOD**  
 Voided Urine  Bladder Wash  Catheterized Urine  Other: \_\_\_\_\_

**TEST ORDER**  
 Bladder FISH  Bladder17™  ProExC  Feulgen  Microscopy  
 Urinalysis  
 Urinalysis Reflex: Bladder FISH¹  
 Cytology  
 Cytology Reflex: Bladder FISH¹

¹ FISH reflex based on the presence of RBCs, urothelial cell clusters, atypia, suspicious or positive cytology  
 Comprehensive  
 Urinalysis, Cytology, Bladder17™, Bladder FISH, ProExC, Feulgen

**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:
#:	#:	#:	#:	#:	#:	#:	#:

**MOLECULAR**

- UroSense™ (details on back)
- FGFR therascreen (tissue)

**FISH**

- PTEN
- ERG
- PTEN and ERG

**ADDITIONAL TESTS**

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

**UTIDX™ UTI TEST** ID, ABR & AST

Urine based test designed to identify pathogens commonly associated with recurrent and persistent urinary tract infections while determining the best treatment options for the patient.

- **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 - **24 Hour TAT**

PCR detection of pathogens and antibiotic resistant genes without the antibiotic sensitivity testing that is included with UTIDX™

- **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

**STIDX™**

Urine based test designed to identify organisms commonly associated with sexually transmitted infections.

**ORGANISMS TESTED**

- Trichomonas Vaginalis
- Neisseria Gonorrhoeae-1
- Neisseria Gonorrhoeae-2
- BK Virus
- Chlamydia Trachomatis
- JC Virus
- Gardnerella Vaginalis
- Treponema pallidum (Syphilis)
- Human Papillomavirus Type 16
- Human Papillomavirus Type 18
- Human Papillomavirus Type 31
- Human Papillomavirus Type 33
- Human Papillomavirus Type 52
- Human Papillomavirus Type 67

**BLADDER FISH**

For initial diagnosis of bladder carcinoma in patients with hematuria and subsequent monitoring for tumor recurrence in patients previously diagnosed with bladder cancer.

**GENES TESTED:**

- CEP3
- CEP7
- CEP17
- 9p21

**UroSense™**

Urosense™ is a liquid biopsy FGFR3 mutation test to determine the presence or absence of bladder cancer and to facilitate the monitoring of tumor load.