



EMERITUSDx

12 SPECTRUM POINTE DRIVE | LAKE FOREST, CA 92630

FREEDOM PATHOLOGY PARTNERS

524 EAST ELM STREET | CONSHOHOCKEN, PA 19428

800-959-2846 | Fax: 949-418-7287

Lab Use Only

UROLOGY

CLIENT INFORMATION

PLEASE CHECK REQUESTING PHYSICIAN

CHECK ONE: TC ONLY GLOBAL CONSULTATION HOME KIT

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:

Policy Holder: Self Spouse Child Other

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:

CLINICAL INFORMATION

COLLECTION DATE: / /

Clinical History:

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

COLLECTION METHOD

AST = Antibiotic susceptibility testing

Voided Urine Catheterized Urine Post Massage Urine Semen Other:

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

- UTIDX® (PCR Detection with AST)
UTIDX® and STIDX (ADDITIONAL SPECIMEN TUBE REQUIRED)
URINALYSIS
VIRALDX (ADDITIONAL SPECIMEN TUBE REQUIRED)
- UTIDX® F-AST (Same Day Results PCR Detection without AST)
PROSTATITIS
STIDX (ADDITIONAL SPECIMEN TUBE REQUIRED)
PRE-PROSTATE BIOPSY Rectal Swab (PPBRS)

IS PATIENT ON ANTIBIOTICS Yes No PREGNANT Yes No

ALLERGIES:

PROSTATE HISTOLOGY

COLLECTION METHOD

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 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	Bladder Biopsy Site: Name DOB	Urine Name DOB	Vas Deferens Left Name DOB	Vas Deferens Right 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

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 (*Fastidious 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 (38 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

Chlamydia Trachomatis

Gardanella Vaginalis

Treponema pallidum (Syphilis)

Human Papillomavirus Type 31

Human Papillomavirus Type 16

Human Papillomavirus Type 33 or 52 or 67

Human Papillomavirus Type 18

Human Papillomavirus Type 45

Human Herpesvirus 4 (Epstein Barr Virus)

Human Herpesvirus 6

VIRALDX

ORGANISMS TESTED

- Trichomonas Vaginalis

Neisseria Gonorrhoeae-1

Neisseria Gonorrhoeae-2

Chlamydia Trachomatis

Gardanella Vaginalis

Treponema pallidum (Syphilis)

Human Papillomavirus Type 31

Human Papillomavirus Type 16

Human Papillomavirus Type 33 or 52 or 67

Human Papillomavirus Type 18

Human Papillomavirus Type 45

Human Herpesvirus 4 (Epstein Barr Virus)

Human Herpesvirus 6

BK Virus

JC Virus

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

Bladder17®

Non-invasive urine test that provides sensitivity and specificity to significantly improve the early diagnosis and treatment of bladder cancer.