

# Urologic Pathology Requisition

Global  Slide Process Only (TC)  Interpretation Only (PC)

**REQUIRED ITEMS**

1. Clinical Information 2. ICD 10 Codes 3. Face Sheet (Front and Back Copy of the Patients Insurance Card and Demographic Information) 4. Providers Signature

**PATIENT INFORMATION**

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone \_\_\_\_\_ Patient ID \_\_\_\_\_

**PROVIDER INFORMATION**

Authorized Provider Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Please Fax Duplicate Report to Additional Provider Fax \_\_\_\_\_

**BILLING INFORMATION**

Bill to:  Insurance  Medicare  Referring Facility (Hospital/Client)  Split Billing – Client (TC) and Insurance (PC)  Patient  
 Patient Status:  Inpatient (Hospital)  Outpatient (Hospital) Non-Hospital  ASC  Prior Authorization # \_\_\_\_\_

**SPECIMEN INFORMATION**

Date Collected \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Collected \_\_\_\_:\_\_\_\_:\_\_\_\_  AM  PM Specimen ID \_\_\_\_\_  
 Date Retrieved \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Discharged \_\_\_\_/\_\_\_\_/\_\_\_\_ Other \_\_\_\_\_

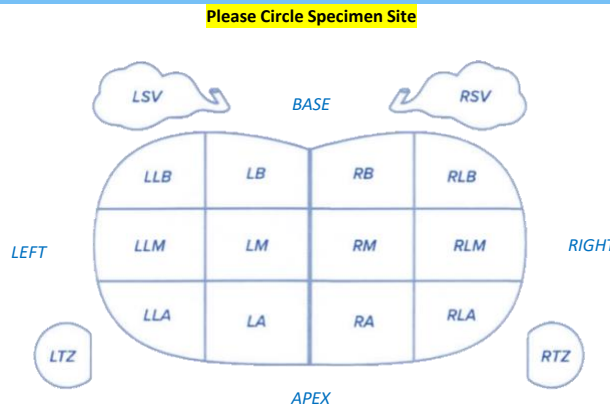
**PROSTATE INFORMATION**

PROSTATE (ICD-10 CODES)  
 Prostate Jars # \_\_\_\_\_  
 Prostate Nodule D40.0  
 History of Prostate Cancer Z85.46/C61  
 Elevated PSA R97.2  
 Pre-Biopsy PSA Result\* \_\_\_\_\_  
 Other \_\_\_\_\_

DRE (FOR CLINICAL STAGE INFO IF BIOPSY IS POSITIVE)\*

Normal (T1c)  
 Abnormal, Bilateral (T2c)  
 Abnormal, Unilateral ≤ 50% of lobe (T2a)  
 Abnormal, unilateral > 50% of lobe (T2b)  
 Prior Biopsy Findings \_\_\_\_\_

**PROSTATE DIAGRAM**



**PROSTATE PRIOR TREATMENT**

Hormone Therapy  
 Radiation  
 Cryosurgery  
 Age at Diagnosis \_\_\_\_\_

**PROSTATE TEST REQUIRED**

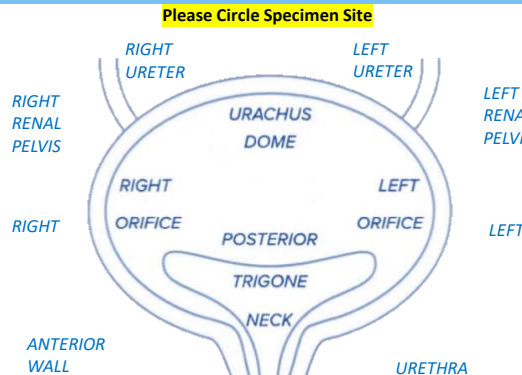
Diagnostic Prostate Biopsy  
 TURP  
 Saturation Biopsy  
 Prognostic Panel for Localized Prostate Cancer  
 PTEN/ERG (FISH)  
 oncoTypeDX  
 Other \_\_\_\_\_

**BLADDER INFORMATION**

BLADDER, URINE CYTOLOGY, FISH (ICD-10 CODES)  
 Urine  
 Bladder Biopsy Jars # \_\_\_\_\_  
 Hematuria R319  
 Cystitis N30.90 with Hematuria  
 Cystitis N30.91 without Hematuria  
 Other \_\_\_\_\_  
 Prior Biopsy Findings \_\_\_\_\_

Thiotepa/Mitomycin  Radiation  
 BCG  
 Cystoscopy Findings \_\_\_\_\_

**BLADDER DIAGRAM**



OTHER SITES \_\_\_\_\_  TURBT/Excision/Resection

**COLLECTION METHOD**

Voided urine  Catheterized Urine  Ileal Conduit/Neobladder  Upper Tract (Left)  
 Bladder wash  Post- Cystoscopy Urine  Other \_\_\_\_\_  Upper Tract (Right)

**OTHER**

SECOND OPINION  
 Blocks  Slides  
 KIDNEY ( LEFT /  RIGHT)  
 Mass Biopsy  Mass FNA  
 TESTIS/EPIDIDYMIS  
 Right Mass  Left Mass  
 Infertility  Other \_\_\_\_\_  
 VAS DEFERENS ( LEFT /  RIGHT)  
 SKIN, Clinical Findings \_\_\_\_\_  
 Penis  Scrotum  
 Other \_\_\_\_\_  
 TESTIS/EPIDIDYMIS  
 Stone Analysis, Site: \_\_\_\_\_  
 PCA3  
 OTHER \_\_\_\_\_

**BLADDER TEST REQUIRED**

UroVysion FISH Only  
 Cytology with UroVysion  
 Cytology with Reflex to UroVysion  
 Other \_\_\_\_\_

**LABORATORY USE ONLY**

## Urologic Pathology Requisition

### PROSTATE DIAGRAM ABBREVIATIONS

**LSV:** Left seminal vesicle  
**RSV:** Right seminal vesicle  
**LTZ:** Left transitional zone  
**RTZ:** Right transitional zone

**LLB:** Left lateral base  
**LB:** Left base  
**LLM:** Left lateral mid  
**LLA:** Left lateral apex

**LM:** Left mid  
**LA:** Left apex  
**RB:** Right base  
**RLB:** Right lateral base

**RM:** Right mid  
**RLM:** Right lateral mid  
**RA:** Right apex  
**RLA:** Right lateral apex

### PROSTATE DIAGRAM ABBREVIATIONS

Best recovery is obtained when specimens are stored and transported between 15-30°C

Place appropriate biopsy sample in corresponding labeled 20mL NBF (neutral buffered formalin) collection jar, ensure the lid is screwed tightly.

Please visit [www.exovadx.com](http://www.exovadx.com) for more information on testing.