



Urology Requisition

Date Specimen Collected: _____ **Time Specimen Collected:** _____ **STAT** _____

Laboratory Use Only
Accession Number _____ Date Received _____ Time Received _____

Group/Practice Name _____ **Practice Contact Information**
Ordering Physicians _____ Address Line 1 _____ Phone _____
_____ Address Line 2 _____ Fax _____
_____ City, State, Zip _____

Patient and Insurance Information
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name _____ Last Name _____ MI _____ DOB _____ Gender _____
Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Race* _____ Ethnicity* _____

Insured's Name _____ Relationship to Patient _____ Social Security # _____
Home Phone _____ Cell Phone _____ DOB _____ Gender _____

Primary Insurance _____ Secondary Insurance _____
Group # _____ ID# _____ Group # _____ ID# _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

Histology

RELEVANT HISTORY

Prostate Bx None Benign HGPIN Suspicious/Asap Malignant
Previous None Hormonal Surgery Radiation
Therapy Other _____

Prostate Histology
PTEN/ERG FISH* Reflex on Gleason Score 6/7 or HGPIN

Other

VAS Deferens Histology Right Left Condyloma (HPV Genotyping)
Bladder Histology _____ Stone Analysis
_____ Other _____

Panel

Urinary Tract Infection (UTI) and Bacterial Genotypic Antibiotic Resistance Panel

Prostate/Specimen Site(s)

Left Apex Lateral	Left Mid Lateral	Right Base Lateral
Left Apex Central	Left Mid Central	Right Base Central
Left Apex Medial	Left Mid Medial	Right Base Medial
Left Base Lateral	Right Apex Lateral	Right Mid Lateral
Left Base Central	Right Apex Central	Right Mid Central
Left Base Medial	Right Apex Medial	Right Mid Medial
Other _____	Other _____	Other _____

Cytology

RELEVANT HISTORY Abnormal Cytology CIS Bladder
CA Hematuria Other _____
Medical Necessity (Required) History of Bladder Cancer
Persistent Hematuria
URINE Voided Catheterized Bladder Wash
Post Cystoscopy Void
Renal Wash R L Ureteral Wash R L

Laboratory Use Only - Gross

Basic Cytology: (PAP Stain Only)
CytoGen (Enhanced Cytology using hTERT PAP Stain and Keratin 17)
CytoGen Complete Study: CytoGen (PAP, hTERT and Keratin 17) and UroVysion FISH
CytoGen Reflex: CytoGen (PAP, hTERT and Keratin 17) and Reflex UroVysion FISH on atypical/suspicious results
UroVysion FISH Only

Individual Urine Tests

Collection Method _____
Urinalysis *If abnormal reflex to UTM Panel/Sensitivity
Microalbumin
(B) Beta- hCG (Urine Pregnancy Test)

Urinary STI Tests

Chlamydia trachomatis (CT)/*Neisseria gonorrhoeae* (NG)
CT/NG/*Trichomonas vaginalis* (TV)/*Mycoplasma genitalium* (MG)

ICD-10 Codes

C61 Malignant neoplasm of prostate	R31.29 Other Microscopic Blood in Urine	Other _____
C67.0 Malignant neoplasm of trigone of bladder	R97.20 Elevated prostate specific antigen (PSA)	Other _____
C68.0 Malignant neoplasm of urethra	Z85.51 Personal history of malignant neoplasm of bladder	Other _____
C69.0 Malignant neoplasm of conjunctiva	Z85.528 Personal history of malignant neoplasm of kidney, other	Other _____
D09.0 Carcinoma in situ of bladder		

If using R31.29 please choose one of the C codes if applicable. If there is a history of Cancer please use a Z code.

Signature of Physician or Other Authorized NPI Provider (REQUIRED) _____ Accessioner Initials 1 _____ 2 _____ Cytotech 1 _____

Urinary Tract Microbiota Panel

Gram-negative microbiota

Escherichia coli
Klebsiella pneumoniae
Proteus mirabilis
Pseudomonas aeruginosa
Providencia stuartii
Morganella morganii
Klebsiella oxytoca
Enterobacter cloacae
Citrobacter freundii
Enterobacter aerogenes
Acinetobacter baumannii
Proteus vulgaris

Gram-positive microbiota

Enterococcus faecalis
Enterococcus faecium
Streptococcus agalactiae
Staphylococcus saprophyticus

Fungal microbiota

Candida albicans

Urinary STI Tests

Chlamydia trachomatis (CT)
Neisseria gonorrhoeae (NG)
Trichomonas vaginalis (TV)
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