



**GenesisLabs**  
LABORATORY OF CHOICE

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Accession Info (For Genesis Lab Use)

Primarius Pathology

## Urology Requisition

**Date Specimen Collected:** \_\_\_\_\_ **Time Specimen Collected:** \_\_\_\_\_ **STAT** ☐

Laboratory Use Only

Accession Number \_\_\_\_\_ Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

Practice Name \_\_\_\_\_ Practice ID ☐ \_\_\_\_\_ **Practice Contact Information**  
Ordering Physicians ☐ \_\_\_\_\_ Address \_\_\_\_\_  
☐ \_\_\_\_\_ ☐ \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
☐ \_\_\_\_\_ ☐ \_\_\_\_\_ Phone \_\_\_\_\_ Other \_\_\_\_\_  
Surgery Center \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Patient and Insurance Information

(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Gender\* \_\_\_\_\_  
Address Line 1 \_\_\_\_\_ Address Line 2 \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
DOB \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Gender Identity\* \_\_\_\_\_ Race\* \_\_\_\_\_ Ethnicity\* \_\_\_\_\_ Sexual Orientation\* \_\_\_\_\_  
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/Urinary Tract Microbiota (UTI/UTM) & Antibiotic Resistance Panel (If positive, reflex to Culture & Sensitivity)

## 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 CK 17)

☐ **CytoGen Complete Study:** CytoGen (PAP and CK 17) and UroVysion FISH

☐ **CytoGen Reflex:** CytoGen (PAP and CK 17) and Reflex UroVysion FISH on atypical/suspicious results

☐ **UroVysion FISH Only**

## Individual Urine Tests

Collection Method \_\_\_\_\_

☐ Urinalysis (If abnormal reflex to UTI/UTM Panel/Sensitivity)

☐ Microalbumin ☐ (β) Beta- hCG (Urine Pregnancy Test)

## Urinary STI Tests

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

☐ CT/NG/TV ☐ CT/NG

## ICD-10 Codes

☐ C61 Malignant neoplasm of prostate ☐ N42.9 Disorder of prostate, unspecified ☐ Z72.52 High risk homosexual behavior  
☐ C67.0 Malignant neoplasm of trigone of bladder ☐ N72 Inflammatory disease of cervix uteri ☐ Z72.53 High risk bisexual behavior  
☐ C68.0 Malignant neoplasm of urethra ☐ R30.0 Dysuria ☐ Z85.51 Personal history of malignant neoplasm of bladder  
☐ C69.0 Malignant neoplasm of conjunctiva ☐ R31.29 Other Microscopic Blood in Urine ☐ Z85.528 Personal history of malignant neoplasm of kidney, other  
☐ D09.0 Carcinoma in situ of bladder ☐ R97.20 Elevated prostate specific antigen (PSA) ☐ Other \_\_\_\_\_  
☐ N34.1 Nonspecific urethritis ☐ Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission  
☐ N34.2 Other urethritis

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.

This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.

Signature of Physician or Other Authorized NPI Provider (REQUIRED)

Date

Accessioner Initials 1

2

Cytotech 1

Urinary Tract Infections/Urinary Tract Microbiota Panel		Urinary STI Tests
<b>Gram-negative microbiota</b> <i>Escherichia coli</i> <i>Klebsiella pneumoniae</i> <i>Proteus mirabilis</i> <i>Pseudomonas aeruginosa</i> <i>Providencia stuartii</i> <i>Morganella morganii</i> <i>Klebsiella oxytoca</i> <i>Enterobacter cloacae</i> <i>Citrobacter freundii</i> <i>Enterobacter aerogenes</i> <i>Acinetobacter baumannii</i> <i>Proteus vulgaris</i>	<b>Gram-positive microbiota</b> <i>Enterococcus faecalis</i> <i>Enterococcus faecium</i> <i>Streptococcus agalactiae</i> <i>Staphylococcus saprophyticus</i>	<i>Chlamydia trachomatis</i> (CT) <i>Neisseria gonorrhoeae</i> (NG) <i>Trichomonas vaginalis</i> (TV) <i>Mycoplasma genitalium</i> (MG)
	<b>Fungal microbiota</b> <i>Candida albicans</i>	

\*Gender, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and the CDC. ICD-10 Codes are listed for information purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient. For specimen pick up please call our Courier Line at 732-508-9154.