



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 Fax
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 Cell/Home Phone Email
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 (B) 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**

**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*

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

\*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.