



GenesisLabs
LABORATORY OF CHOICE

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genesislaboratory.com

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 _____ 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 _____

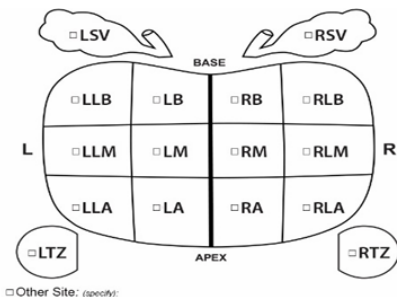
Prostate Histology

☐ 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 _____

Prostate/Specimen Site (s)



Cytology & FISH

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
☐ **Enhanced Cytology:** PAP and CK17
☐ **Basic FISH:** Urovysion FISH only
☐ **Reflex:** Enhanced cytology and reflex Urovysion FISH on an atypical/suspicious results
☐ **FISH Plus Enhanced Cytology:** PAP, CK17, and Urovysion FISH

Panel

☐ Urinary Tract Infection (UTI) PCR Panel with Phenotypic Antibiotic Resistance

Individual Urine Tests

Collection Method _____

☐ Urinalysis (If abnormal reflex to Urinary Tract Infection (UTI) PCR Panel with Phenotypic Antibiotic Resistance)

☐ 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

☐ B95.61 Methicillin susceptible *Staphylococcus aureus* infection
☐ B95.62 Methicillin resistant *Staphylococcus aureus* infection
☐ C61 Malignant neoplasm of prostate
☐ C67.0 Malignant neoplasm of trigone of bladder
☐ C68.0 Malignant neoplasm of urethra
☐ C69.0 Malignant neoplasm of conjunctiva
☐ D09.0 Carcinoma in situ of bladder
☐ N34.1 Nonspecific urethritis
☐ N34.2 Other urethritis
☐ N42.9 Disorder of prostate, unspecified
☐ N72 Inflammatory disease of cervix uteri
☐ R30.0 Dysuria
☐ R31.0 Gross hematuria
☐ R31.1 Benign essential microscopic hematuria
☐ R97.20 Elevated prostate specific antigen (PSA)
☐ *R31.29 Other microscopic hematuria
☐ Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
☐ Z72.52 High risk homosexual behavior
☐ Z72.53 High risk bisexual behavior
☐ Z85.51 Personal history of malignant neoplasm of bladder
☐ Z85.528 Personal history of malignant neoplasm of kidney, other
☐ Other _____

*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 Infection (UTI) PCR Panel with Phenotypic Antibiotic Resistance																																										
Gram-negative organism <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>	Fungal organism <i>Candida albicans</i>	Select Gram-negative and Gram-positive Susceptibility Assays for True Minimum Inhibitory Concentrations (MICs) <table><tr><td>Amikacin</td><td>Imipenem</td></tr><tr><td>Ampicillin</td><td>Levofloxacin</td></tr><tr><td>Ampicillin/Sulbactam</td><td>Meropenem</td></tr><tr><td>Aztreonam</td><td>Minocycline</td></tr><tr><td>Cefazolin</td><td>Moxifloxacin</td></tr><tr><td>Cefepime</td><td>Nitrofurantoin</td></tr><tr><td>Ceftaroline</td><td>Oxacillin</td></tr><tr><td>Ceftazidime</td><td>Penicillin</td></tr><tr><td>Ceftazidime/Avibactam</td><td>Piperacillin/Tazobactam</td></tr><tr><td>Ceftolozane/Tazobactam</td><td>Rifampin</td></tr><tr><td>Ceftriaxone</td><td>Streptomycin</td></tr><tr><td>Chloramphenicol</td><td>Telavancin</td></tr><tr><td>Ciprofloxacin</td><td>Tetracycline</td></tr><tr><td>Clindamycin</td><td>Tigecycline</td></tr><tr><td>Daptomycin</td><td>Tobramycin</td></tr><tr><td>Doripenem</td><td>Trimethoprim/Sulfamethoxazole</td></tr><tr><td>Ertapenem</td><td>Vancomycin</td></tr><tr><td>Erythromycin</td><td></td></tr><tr><td>Gentamicin</td><td></td></tr><tr><td>Gentamicin 500 µg/mL</td><td></td></tr></table>	Amikacin	Imipenem	Ampicillin	Levofloxacin	Ampicillin/Sulbactam	Meropenem	Aztreonam	Minocycline	Cefazolin	Moxifloxacin	Cefepime	Nitrofurantoin	Ceftaroline	Oxacillin	Ceftazidime	Penicillin	Ceftazidime/Avibactam	Piperacillin/Tazobactam	Ceftolozane/Tazobactam	Rifampin	Ceftriaxone	Streptomycin	Chloramphenicol	Telavancin	Ciprofloxacin	Tetracycline	Clindamycin	Tigecycline	Daptomycin	Tobramycin	Doripenem	Trimethoprim/Sulfamethoxazole	Ertapenem	Vancomycin	Erythromycin		Gentamicin		Gentamicin 500 µg/mL	
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*Gender, Cell/Home Phone, 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.