

## 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 \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_ Fax \_\_\_\_\_

Surgery Center \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

Name \_\_\_\_\_ Cell/Home Phone\* \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Full Address \_\_\_\_\_ Email \_\_\_\_\_  
 Gender\* \_\_\_\_\_ Gender ID\* \_\_\_\_\_ Race\* \_\_\_\_\_ Ethnicity\* \_\_\_\_\_ Sexual Orientation\* \_\_\_\_\_

Insured's Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Cell/Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
 Primary Insurance \_\_\_\_\_ Secondary Insurance \_\_\_\_\_  
 Group # \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_

### Histology

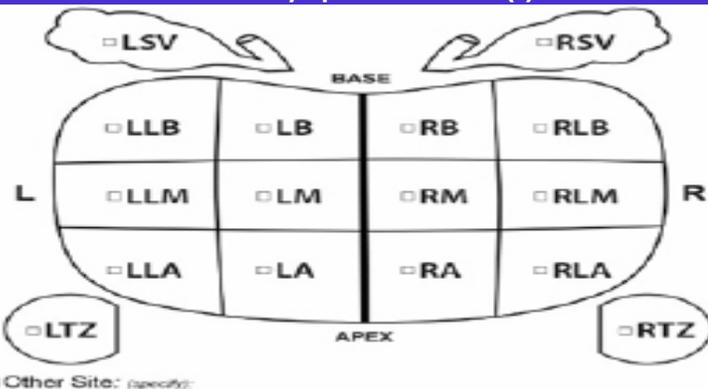
**RELEVANT HISTORY**  
**Prostate Bx**  None  Benign  HGPIN  Suspicious/ASAP  Malignant  
**Previous**  None  Hormonal  Surgery  Radiation  
**Therapy**  Other \_\_\_\_\_

**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

### Urine PCR 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

### Urinary STI Tests

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

### ICD-10 Codes

<input type="checkbox"/> B95.61 Methicillin susceptible Staphylococcus aureus infection	<input type="checkbox"/> N42.9 Disorder of prostate, unspecified	<input type="checkbox"/> Z85.528 Personal history of malignant neoplasm of kidney, other
<input type="checkbox"/> B95.62 Methicillin resistant Staphylococcus aureus infection	<input type="checkbox"/> N72 Inflammatory disease of cervix uteri	<input type="checkbox"/> Z85.529 Gross hematuria, with abnormal findings (R31.0/R82.89)
<input type="checkbox"/> C61 Malignant neoplasm of prostate	<input type="checkbox"/> R30.0 Dysuria	<input type="checkbox"/> Asymptomatic microscopic hematuria, with abnormal findings (R31.21/R82.89)
<input type="checkbox"/> C67.0 Malignant neoplasm of trigone of bladder	<input type="checkbox"/> R31.1 Benign essential microscopic hematuria	<input type="checkbox"/> Other microscopic hematuria, with abnormal findings (R31.29/R82.89)
<input type="checkbox"/> C67.9 Malignant neoplasm of bladder, unspecified	<input type="checkbox"/> R97.20 Elevated prostate specific antigen (PSA)	<input type="checkbox"/> Hematuria, unspecified, with abnormal findings (R31.9/R82.89)
<input type="checkbox"/> C69.0 Malignant neoplasm of conjunctiva	<input type="checkbox"/> Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission	<input type="checkbox"/> Other _____
<input type="checkbox"/> D09.0 Carcinoma in situ of bladder	<input type="checkbox"/> Z85.51 Personal history of malignant neoplasm of bladder	
<input type="checkbox"/> N34.1 Nonspecific urethritis		
<input type="checkbox"/> N34.2 Other urethritis		

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

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

### Fungal organism

*Candida albicans*

### Select Gram-negative and Gram-positive Susceptibility Assays for True Minimum Inhibitory Concentrations (MICs)

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	

### Gram-positive organism

*Enterococcus faecalis*  
*Enterococcus faecium*  
*Staphylococcus saprophyticus*  
*Streptococcus agalactiae*

## Urinary STI Tests

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

## Additional ICD-10 Code Descriptions

- B95.61 Methicillin susceptible *Staphylococcus aureus* infection
- B95.62 Methicillin resistant *Staphylococcus aureus* infection

- Z72.52 High risk homosexual behavior
- Z72.53 High risk bisexual behavior