



Urology Requisition

Date Specimen Collected	Time Specimen Collected	STAT <input type="checkbox"/>
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Laboratory Use Only		
Accession Number	Date Received	Time Received

Group/Practice Name	Practice Contact Information
Ordering Physicians	Address Line 1
<input type="checkbox"/>	Address Line 2
<input type="checkbox"/>	City, State Zip
<input type="checkbox"/>	Phone Fax

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	CYTOLOGY
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RELEVANT HISTORY

Prostate Bx None Benign HGPIN Suspicious/Asap Malignant

Previous None Hormonal Surgery Radiation

Therapy Other _____

ICD-10 Codes: _____

Prostate Histology

Prostate Complete Negative

Prostate Complete Positive (reflex on Gleason Score 6/7 or HGPIN)

PTEN/ ERG * Reflex if HGPIN

OTHER

VAS Deferens Histology Right _____ Left _____

Bladder Histology _____ _____ _____

Condyloma (HPV Genotyping)

Stone Analysis

Other _____

RELEVANT HISTORY

Abnormal Cytology CIS Bladder CA Hematuria

Other _____

Medical Necessity (Required) History of Bladder Cancer Persistent Hematuria

ICD-10 Codes: _____

URINE Voided Catheterized Bladder Wash Post Cystoscopy Void

Renal Wash: __R __L Ureteral Wash: __R __L Other

Laboratory Use Only - Gross

Basic Cytology: (PAP Stain Only)

CytoGen (Enhanced Cytology using hTERT and PAP Stain)

CytoGen Complete Study: CytoGen (PAP and hTERT) and UroVysion **FISH**

CytoGen Reflex: CytoGen (PAP and hTERT) 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

hCG

Urinary STI Tests

Chlamydia trachomatis (CT)

Neisseria gonorrhoeae (NG)

Trichomonas vaginalis (TV)

Mycoplasma genitalium (MG)

Panel

Comprehensive Urinary Tract Microbiota Panel & Antibiotic Sensitivity

Prostate Specimen Site(s)

<input type="checkbox"/> Left Apex Lateral	<input type="checkbox"/> Left Mid Lateral	<input type="checkbox"/> Right Base Lateral	<input type="checkbox"/> Other _____
<input type="checkbox"/> Left Apex Central	<input type="checkbox"/> Left Mid Central	<input type="checkbox"/> Right Base Central	<input type="checkbox"/> Other _____
<input type="checkbox"/> Left Lateral Medial	<input type="checkbox"/> Left Mid Medial	<input type="checkbox"/> Right Base Medial	<input type="checkbox"/> Other _____
<input type="checkbox"/> Left Base Lateral	<input type="checkbox"/> Right Apex Lateral	<input type="checkbox"/> Right Mid Lateral	<input type="checkbox"/> Other _____
<input type="checkbox"/> Left Base Central	<input type="checkbox"/> Right Apex Central	<input type="checkbox"/> Right Mid Central	<input type="checkbox"/> Other _____
<input type="checkbox"/> Left Base Medial	<input type="checkbox"/> Right Apex Medial	<input type="checkbox"/> Right Mid Medial	<input type="checkbox"/> Other _____

Physician Signature (Required for Testing)	Accessioner Initials	Cytotech
_____	1 _____ 2 _____	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)
Mycoplasma genitalium (MG)