



**UROLOGICAL PATHOLOGY SERVICE REQUEST**

DATE OF COLLECTION: \_\_\_\_\_ TIME: \_\_\_\_\_ SLIDES QTY: \_\_\_\_\_ CONTAINERS QTY: \_\_\_\_\_

**Patient's Information**

**Patient's Name:** \_\_\_\_\_ **Record No.** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **DOB:** Month / Day / Year **Age:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Postal Address:** \_\_\_\_\_

**e-mail:** \_\_\_\_\_

**Medical Insurance:** \_\_\_\_\_  Check if patient wants to receive bill for any deductibles by email.

**Contract #** \_\_\_\_\_ **Group #** \_\_\_\_\_ **\*Pathologists may order additional testing based on medical necessity.**

**2nd Insurance:** \_\_\_\_\_ **Contract:** \_\_\_\_\_ **Group:** \_\_\_\_\_

**NOTIFICATION TO THE PATIENT:** All samples sent to HRP Labs will be processed and diagnosed, and its outcome will be sent directly to the physician. If any deductible applies or if you don't have medical insurance, you will receive an invoice and be liable for the payment. Toda muestra enviada a HRP Labs será procesada y diagnosticada y el resultado será enviado a su médico. En caso de que haya algún deducible o de usted no estar cubierto por un seguro médico, recibirá factura y será responsable del pago de la misma.

**Patient's Signature:** \_\_\_\_\_

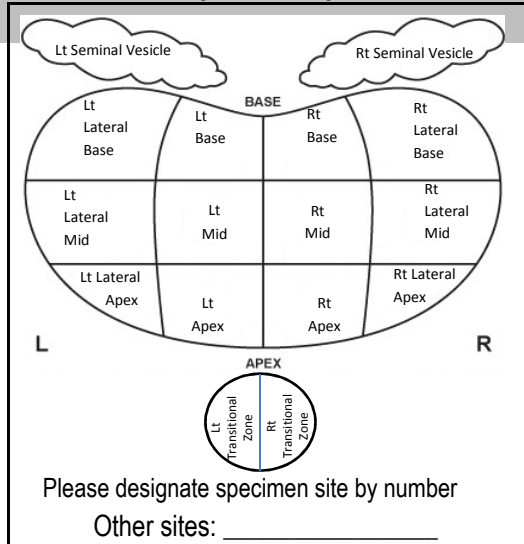
**Sample Description**

**Histology:**

**Specimen type:** \_\_\_\_\_

- Prostate
- Bladder
- Renal Pelvis
- Ureter
- Vas Deferens
  - #1 R or L  #2 R or L
- Skin
- Other \_\_\_\_\_

- Ancillary Tests:**
  - PIN 4  PIN 4 if Atypia
  - ERG if positive for adenocarcinoma



**Cytology:**

- Voided Urine X \_\_\_\_\_ days
- Catheterized Urine
- Ureteral Brushing
- Bladder Wash
- Renal Wash \_\_\_ L \_\_\_ R
- Ureteral Wash \_\_\_ L \_\_\_ R
- Ureteral ileal conduct
- Barbotage
- Urovysion FISH Analysis
- Gonococcus/Chlamydia(GC/CT)
- HPV  Herpes
- Other \_\_\_\_\_

**Clinical History**

**PSA Levels** \_\_\_\_\_ **Part of TNM** \_\_\_\_\_ **ICD-10** \_\_\_\_\_

**Previous Bx** →  None  Benign  Inflammation  Atypia  HPIN  Malignant  Other \_\_\_\_\_

**Cytoscopy** →  Normal  Abnormal Findings \_\_\_\_\_

**Previous Cytology** → Exam Date: \_\_\_\_\_  None  Benign  Atypia  Malignant  Dysplasia  Surgery  Other \_\_\_\_\_

**Physician's name:** \_\_\_\_\_ **Lic.** \_\_\_\_\_

**NPI #** \_\_\_\_\_ **Physician's Signature:** \_\_\_\_\_

**Red fields and patient information must be completed to avoid delay in processing or sample rejection.**

When ordering tests, providers should only order tests that are medically necessary for the diagnosis or treatment of a patient, generally not for screening. Only a few screening tests are covered by most government and third party payors for certain conditions at specific intervals. When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), or CMS. If testing does not come under Medicare guidelines for payment a signed beneficiary notice must be included in advance.

