



Form with multiple sections: Patient Information (1), Insurance (2), Client Information (3), ICD Codes (4), and Medicare Notice (5). Includes fields for name, DOB, SSN, address, phone, and insurance details.

Urological Pathology

Please check one: Inpatient Outpatient Ambulatory Surg Center

Clinical Information: Respond below and/or attach patient's most recent clinical history. Please provide ICD Diagnosis Codes in Section 5 above.

PSA NG/uL Date DRE: Normal Abnormal Cystoscopy: Normal Abnormal
Abnormal Findings/Other Clinical History

Previous Biopsy: Date None Benign Atypia HGPIN Malignant Other
Previous Cytology Exam: Date None Benign Atypia Dysplasia Malignant Other
Previous Therapy: None Hormonal BCG Radiation Chemotherapy Cryosurgery Surgery Other

- Checkboxes for clinical conditions: Elevated PSA (790.93), Abnormal Prostate Exam (236.5), Prostate Nodule (600.1), Prostate Cancer (185), Hematuria (599.7), History of Bladder Cancer (V10.51), Benign Bladder Neoplasm (223.3), Renal Cancer (189), Acute Cystitis (595.0), Interstitial Cystitis (595.1), Chronic Cystitis (595.2), Other (ICD-9)

Cytology Check Source(s) (Required)
Urine Cytology
Other
SpecType/Volume ml
VU (voided urine)
CU (catheterized urine)
PVC (post cysto voided urine)
BW (bladder wash)
Renal Wash L R
Ureteral Wash L R
Neo Bladder (Ileal conduit)
Other

Biopsy Check Source(s) (Required)
Tissue Type:
Prostate
Bladder
Vas Deferens
Stone
Seminal Vesicle
Second Opinion:
Other

Prostate Biopsy Specimen Sites
Please check all sites that apply. Make sure to label vials with site appropriate label.
L base, R base, L lateral base, R lateral base, L mid, R mid, L lateral mid, R lateral mid, L apex, R apex, L lateral apex, R lateral apex, L transition zone, R transition zone, L seminal vesicle, R seminal vesicle, Left, Right, Other

Referring Physician Information: (If different from Ordering Physician/Client Information box at top)

Urologist:
Address:
City, State, Zip

Fax a final Report? Yes No
Fax:
Phone: