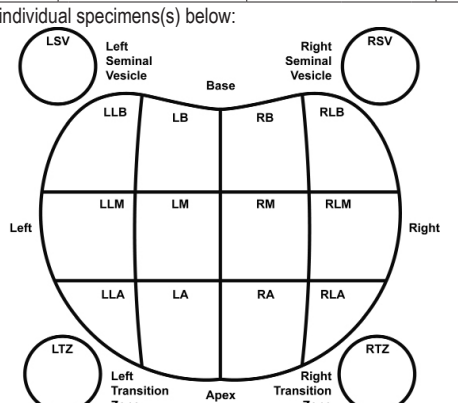


Urology Test Requisition Form

Ordering Physician/Laboratory (Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)		Bladder Biopsy Information	
Physician Signature:		Date Collected (Req.):	No. vials collected:
Physician to receive additional result report:		Time Collected:	Collector Signature:
Bladder-related Clinical Information (Necessary for accurate test interpretation)			
Patient History: Date of Diagnosis: ____/____/____ <input type="checkbox"/> Small-cell carcinoma <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Prostate Cancer <input type="checkbox"/> Squamous cell carcinoma <input type="checkbox"/> Low-grade urothelial carcinoma <input type="checkbox"/> High-grade urothelial carcinoma <input type="checkbox"/> Carcinoma <i>in-situ</i> <input type="checkbox"/> Hematuria <input type="checkbox"/> Dysuria <input type="checkbox"/> Papilloma <input type="checkbox"/> Other (please, specify): Treatment: <input type="checkbox"/> None <input type="checkbox"/> Resection <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation <input type="checkbox"/> BCG <input type="checkbox"/> Other (please specify):			
Urologic Specimen Information			
Date Collected (Required):		Specimen Source: <input type="checkbox"/> Voided Urine <input type="checkbox"/> Catheterization (Urine) <input type="checkbox"/> Bladder Washing <input type="checkbox"/> Ileal Conduit <input type="checkbox"/> Brushing <input type="checkbox"/> Ureter	
Urine Test Selection			
CYTOLOGY - Urine Specimens Only Required: <input type="checkbox"/> Fresh Specimen <input type="checkbox"/> Fixed 1603 <input type="checkbox"/> Urine Cytology 1702 <input type="checkbox"/> UroVysion® - Bladder Cancer (FISH), voided urine 1604 <input type="checkbox"/> Comprehensive Urine Pathology (Urine Cytology and UroVysion®) (If Urine Cytology is atypical or above, reflex to 1702)			
Sex at Birth (Required): <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth (Required):	
Patient SS# (Required):		Patient ID#:	
Phone Number (Required):		Email:	
Billing Information (Please include a copy of the front & back of card.)			
<input type="checkbox"/> Patient Billing <input type="checkbox"/> Insurance Billing <input type="checkbox"/> Path Lab/Hospital <input type="checkbox"/> Physician Account		Diagnosis Codes (Required): Please provide ALL applicable codes. Refer to the back of this form for ICD-10 code examples.	
Relation (Required): <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependant			
Primary Insurance Carrier:			
Insured's Name (if not patient):			
Insured's SS#:		Insured's DOB:	
Claims Address:			
Medicare, Medicaid or Policy ID#:			
Employer/Group Name:		Group#:	
Prostate-related Clinical Information (Necessary for accurate test interpretation)			
Patient History (One selection required) <input type="checkbox"/> Confirmed PSA ≥ 3.0 ng/ml <input type="checkbox"/> Confirmed persistent significant rise in PSA <input type="checkbox"/> Confirmed very suspicious DRE <input type="checkbox"/> Other (please specify):		Biopsy History: <input type="checkbox"/> No prior biopsy <input type="checkbox"/> Yes, negative <input type="checkbox"/> Yes, positive (4Kscore test will not be performed with a positive biopsy result) DRE Results: <input type="checkbox"/> Nodule <input type="checkbox"/> No Nodule <input type="checkbox"/> Not performed	
Prostate Information			
Clinical Stage: <input type="checkbox"/> T1c <input type="checkbox"/> T2a <input type="checkbox"/> T2b <input type="checkbox"/> T2c <input type="checkbox"/> T3 Last Total PSA: _____ ng/mL on ____/____/____ Last % Free PSA: _____ PSA Trend: <input type="checkbox"/> Increasing <input type="checkbox"/> Stable Previous 4Kscore: _____ on ____/____/____ Previous Biopsy: <input type="checkbox"/> None <input type="checkbox"/> Negative <input type="checkbox"/> Atypical <input type="checkbox"/> Positive Digital Rectal Exam: <input type="checkbox"/> Suspicious <input type="checkbox"/> Non-suspicious MpMRI: <input type="checkbox"/> PIRAD Level _____ <input type="checkbox"/> Other (please specify): Treatment: <input type="checkbox"/> Prostatectomy <input type="checkbox"/> Radiation <input type="checkbox"/> Cryotherapy <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Hormones <input type="checkbox"/> TURP <input type="checkbox"/> Active Surveillance <input type="checkbox"/> None			
Prostate Biopsy Information			
Date Collected (Req.):		No. vials collected:	
Time Collected:		Collector Signature:	
Please indicate individual specimens(s) below:			
			
With Interpretation: <input type="checkbox"/> Other (please specify):			
<input type="checkbox"/> Prostate Biopsy - # of jars: _____ <input type="checkbox"/> Bladder Biopsy - # of jars: _____			
5620-0 <input type="checkbox"/> VAS Deferens/X2			
SEXUALLY TRANSMITTED INFECTIONS UroSwab® - Urine Specimens Only Testing by Real-Time PCR unless otherwise specified. To order panel components individually, select tests beneath the panel. 191 <input type="checkbox"/> Sexually Transmitted Disease (STD) Screen by Real-Time PCR 121 <input type="checkbox"/> Leukorrhea Panel (<i>N. gonorrhoeae</i> , <i>C. trachomatis</i> **, <i>T. vaginalis</i>) 105 <input type="checkbox"/> <i>Chlamydia trachomatis</i> (**Reflex to azithromycin resistance by Pyrosequencing) 167 <input type="checkbox"/> <i>Neisseria gonorrhoeae</i> 111 <input type="checkbox"/> <i>Trichomonas vaginalis</i> (Reflex to metronidazole resistance) 129 <input type="checkbox"/> <i>Mycoplasma genitalium</i> (Reflex to azithromycin & fluoroquinolone resistance by Pyrosequencing) 130 <input type="checkbox"/> <i>Mycoplasma hominis</i> 320 <input type="checkbox"/> <i>Ureaplasma urealyticum</i> (*Reflex to fluoroquinolone resistance by Pyrosequencing)			
URINARY TRACT INFECTIONS UroSwab® - Urine Specimens Only			
176 <input type="checkbox"/> Urinary Pathogens & Antibiotic Resistance [<i>E. coli</i> , <i>K. oxytoca</i> , <i>K. pneumoniae</i> , <i>P. mirabilis</i> : amoxicillin-clavulanic acid, cefazolin, trimethoprim-sulfamethoxazole, nitrofurantoin, ciprofloxacin, fosfomycin. <i>P. aeruginosa</i> : cefepime, piperacillin-tazobactam, ciprofloxacin, imipenem, aztreonam, gentamicin. <i>E. faecalis</i> , <i>E. faecium</i> : ampicillin, nitrofurantoin, ciprofloxacin, fosfomycin, doxycycline, linezolid]*** (141, 153, 154, 727, 728 146 or 174 Req. When panel is ordered and individual tests below are not selected, all 7 will be performed and billed) 141 <input type="checkbox"/> <i>Escherichia coli</i> 728 <input type="checkbox"/> <i>Klebsiella pneumoniae</i> 153 <input type="checkbox"/> <i>Enterococcus faecalis</i> 146 <input type="checkbox"/> <i>Proteus mirabilis</i> 154 <input type="checkbox"/> <i>Enterococcus faecium</i> 174 <input type="checkbox"/> <i>Pseudomonas aeruginosa</i> 727 <input type="checkbox"/> <i>Klebsiella oxytoca</i> 551 <input type="checkbox"/> <i>Candida albicans</i> 559 <input type="checkbox"/> <i>Candida glabrata</i> 730 <input type="checkbox"/> <i>Enterobacter cloacae</i> 127 <input type="checkbox"/> Group B Streptococcus (GBS) 137 <input type="checkbox"/> Group B Streptococcus (GBS) Antibiotic Resistance*** (#127 Req.) Only check if patient is penicillin-allergic and erythromycin/clindamycin resistance determination is required for alternate treatment. 731 <input type="checkbox"/> <i>Klebsiella aerogenes</i> 362 <input type="checkbox"/> <i>Prevotella</i> species Group 1 (<i>P. bivia</i> , <i>P. disiens</i> , <i>P. 1intermedia</i> , <i>P. melaninogenica</i>) 363 <input type="checkbox"/> <i>Prevotella</i> species Group 2 (<i>P. corporis</i> , <i>P. albensis</i>) 734 <input type="checkbox"/> <i>Proteus vulgaris</i> 732 <input type="checkbox"/> <i>Providencia</i> species (<i>P. stuartii</i> , <i>P. rettgeri</i>) 151 <input type="checkbox"/> <i>Staphylococcus saprophyticus</i> 178 <input type="checkbox"/> <i>Ureaplasma parvum</i> (Reflex to fluoroquinolone resistance by Pyrosequencing)			
Genetic Testing Specimen Information			
Date Collected (Required):		Specimen Source: <input type="checkbox"/> Saliva <input type="checkbox"/> Whole Blood	
URO-ONCOLOGY TESTING - Saliva or Whole Blood *Informed Consent form must accompany specimen			
Hereditary Genetics			
2603 <input type="checkbox"/> Hereditary Prostate Cancer Panel (18 genes) by Gene Sequencing and Deletion/Duplication Analysis (ATM, BRCA1, BRCA2, BRIP1, CHEK2, EPCAM, FANCA, HOXB13, MTF, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51C, RAD51D, TP53) 2604 <input type="checkbox"/> Hereditary Renal Cancer Panel (19 genes) by Gene Sequencing and Deletion/Duplication Analysis (BAP1, EPCAM, FH, FLCN, MET, MTF, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL) Testing includes sequencing for all genes except EPCAM (del/dup only) and MTF (evaluation of C.952g>A only).			
PHARMACOGENOMICS TESTING - Saliva or Whole Blood *Informed Consent form must accompany specimen			
Bladder Incontinence: 4035 <input type="checkbox"/> Darifenacin 4036 <input type="checkbox"/> Fesoterodine 4037 <input type="checkbox"/> Mirabegron 4038 <input type="checkbox"/> Tamsulosin 3983 <input type="checkbox"/> Tolterodine			
Bladder Cancer: 3828 <input type="checkbox"/> Cisplatin 4039 <input type="checkbox"/> Erdafitinib			
Prostate Cancer: 4040 <input type="checkbox"/> Abiraterone 4041 <input type="checkbox"/> Apalutamide 4042 <input type="checkbox"/> Cabazitaxel 3852 <input type="checkbox"/> Docetaxel 4043 <input type="checkbox"/> Enzalutamide 4044 <input type="checkbox"/> Flutamide 4045 <input type="checkbox"/> Goserelin 4046 <input type="checkbox"/> Leuprolide 4047 <input type="checkbox"/> Nilutamide 3950 <input type="checkbox"/> Prednisone/Prednisolone			
Confirmation of Informed Consent and Medical Necessity for Pharmacogenomic/Genetic Testing My signature below certifies that I am a licensed medical professional or his/her representative or a genetic counselor authorized to order genetic testing. My signature further acknowledges the patient has been supplied information regarding genetic testing and has been informed about the purpose, limitation and possible risks. The patient has been given the opportunity to ask questions about this consent and seek outside genetic counseling. In the event that the patient's health insurance plan determines for the test(s) I checked above that some of the genes that I requested for analysis are not covered, I understand that Medical Diagnostic Laboratories, L.L.C. shall perform and result the test(s) for the genes I selected, then submit the claim to the patient's health insurance plan for the testing of the genes covered under the patient's plan. If the testing is covered by the patient's health plan and the out-of-pocket expense is less than \$150.00, testing will proceed without further delay or additional contact. The patient has given consent for genetic testing to be performed and the signed consent form is being provided with this requisition. I confirm that this testing is medically necessary for the specified patient and that these results will be used in the medical management and treatment decisions for this patient.			
Medical Professional Signature (Req.): _____ Date: _____			
Other Tests/Panels: _____			
4P-IH0075 Upd.: 8.2022 For a complete list of testing, please visit our website www.mdlab.com			

Pharmacogenomic Testing Drug and Gene Guide:

Test No.	Drug/Gene(s)		
Bladder Incontinence			
4035	Darifenacin (CYP2D6, CYP3A4)	4038	Tamsulosin (CYP2D6, CYP3A4)
4036	Fesoterodine (CYP2D6, CYP3A4)	3983	Tolterodine (CYP2D6, CYP3A4)
4037	Mirabegron (CYP2D6, CYP3A4)		
Bladder Cancer			
3828	Cisplatin (ABCB1, MTHFR, TPMT)	4039	Erdafitinib (CYP2C9, CYP3A4)
Prostate Cancer			
4040	Abiraterone (CYP3A4)	4044	Flutamide (CYP1A2)
4041	Apalutamide (CYP3A4, CYP2C8)	4045	Goserelin (SLCO1B1)
4042	Cabazitaxel (CYP3A4, CYP3A5, CYP2C8)	4046	Leuprolide (CYP2D6)
3852	Docetaxel (CYP3A4, CYP3A5)	4047	Nilutamide (CYP2C19)
4043	Enzalutamide (CYP3A4, CYP2C8)	3950	Prednisone/Prednisolone (ABCB1)

Please indicate your Diagnosis Code selection on the front of this test requisition in the designated spaces under “Billing Information – Diagnosis Codes (Required)”.

ICD-10 Code	Description	ICD10 Code	Description
Prostate Biopsy			
C61	Malignant neoplasm of prostate	R97.21	Rising PSA following treatment for malignant neo- plasm of prostate
D29.1	Benign neoplasm of prostate		
N41.0	Acute prostatitis	R97.8	Other abnormal tumor markers
N41.1	Chronic prostatitis	Z12.5	Encounter for screening for malignant neoplasm of prostate
N41.2	Abscess of prostate		
N41.9	Inflammatory disease of prostate, unspecified	Z13.9	Encounter for screening, unspecified
N42.89	Other specified disorders of prostate	Z80.42	Family history of malignant neoplasm of prostate
N42.9	Disorder of prostate, unspecified	Z85.46	Personal history of malignant neoplasm of prostate
R97.20	Elevated prostate specific antigen [PSA]		
Prostate PIN4 cocktail & H&E			
C61	Malignant neoplasm of prostate	N42	Dysplasia of prostate
D07.5	Carcinoma in situ of prostate	N42.31	Prostatic intraepithelial neoplasia
D29.1	Benign neoplasm of prostate		
Urine Cytology			
N32.81	Overactive bladder	Z12.6	Encounter for screening for malignant neoplasm of bladder
N32.89	Other specified disorders of bladder		
N32.9	Bladder disorder, unspecified	Z80.52	Family history of malignant neoplasm of bladder
		Z85.51	Personal history of malignant neoplasm of bladder
UroVysion®			
R82.8	Abnormal findings on cytological and histological examination of urine	C67.3	Malignant neoplasm of anterior wall of bladder
		C67.4	Malignant neoplasm of posterior wall of bladder
C66.1	Malignant neoplasm of right ureter	C67.5	Malignant neoplasm of bladder neck
C66.2	Malignant neoplasm of left ureter	C67.6	Malignant neoplasm of ureteric orifice
C66.9	Malignant neoplasm of unspecified ureter	C67.7	Malignant neoplasm of urachus
C67.9	Malignant neoplasm of bladder, unspecified	C67.8	Malignant neoplasm of overlapping sites of bladder
C67.0	Malignant neoplasm of trigone of bladder	C68	Malignant neoplasm of other and unspecified urinary organs
C67.1	Malignant neoplasm of dome of bladder		
C67.2	Malignant neoplasm of lateral wall of bladder		
Molecular Testing			
R30.0	Dysuria	N45.1	Epididymitis
R36.9	Urethral discharge, unspecified	R82.90	Unspecified abnormal findings in urine
N34.1	Nonspecific urethritis	R30.9	Painful micturition, unspecified
Pharmacogenomics			
T88.7XXA	Unspecified adverse effect of drug or medicament, initial encounter	C68.9	Malignant neoplasm of urinary organ, unspecified
		C67.0	Malignant neoplasm of trigone of bladder
T88.7XXD	Unspecified adverse effect of drug or medicament, subsequent encounter	C67.1	Malignant neoplasm of dome of bladder
		C67.2	Malignant neoplasm of lateral wall of bladder
Z79.899	Other long term (current) drug therapy	C67.3	Malignant neoplasm of anterior wall of bladder
Z51.81	Encounter for therapeutic drug level monitoring	C67.4	Malignant neoplasm of posterior wall of bladder
Z51.11	Encounter for antineoplastic chemotherapy	C67.5	Malignant neoplasm of bladder neck
Z92.21	Personal history of antineoplastic chemotherapy	C67.6	Malignant neoplasm of ureteric orifice
R11.2	Nausea with vomiting, unspecified	C67.7	Malignant neoplasm of urachus
R32	Unspecified urinary incontinence	C67.8	Malignant neoplasm of overlapping sites of bladder
N32.81	Overactive bladder	C67.9	Malignant neoplasm of bladder, unspecified
N32.89	Other specified disorders of the bladder	D30.00	Benign neoplasm of unspecified kidney
N32.9	Bladder Disorder, Unspecified	D30.10	Benign neoplasm of unspecified renal pelvis
N39.3	Stress incontinence (female) (male)	D30.20	Benign neoplasm of unspecified ureter
N39.4	Other specified urinary incontinence	Z80.42	Family history of malignant neoplasm of prostate
Z85.51	Personal history of malignant neoplasm of bladder	Z85.46	Personal history of malignant neoplasm of prostate
Z80.52	Family history of malignant neoplasm of bladder	C61	Malignant neoplasm of prostate
Z85.50	Personal history of malignant neoplasm of unspecified urinary tract organ	N41.9	Inflammatory disease of prostate, unspecified
		R95.21	Rising PSA following treatment for malignant neoplasm of prostate
Z80.59	Family history of malignant neoplasm of other urinary tract organ	N42.89	Other specified disorders of prostate
		N42.9	Disorder of prostate, unspecified
C68.0	Malignant neoplasm of urethra		
C68.1	Malignant neoplasm of paraurethral glands		
C68.8	Malignant neoplasm of overlapping sites of urinary organs		

This is a general, non-comprehensive guide for use by the healthcare provider to assist in the assignment of a diagnosis code to the laboratory testing ordered. The healthcare clinician must only order tests determined to be medically necessary for the diagnosis and treatment of the patient.

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

* Reflex to antibiotic resistance by Molecular Analysis
** Reflex to azithromycin resistance by Pyrosequencing
*** This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.

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