Urological Pathology Requisition

Sterling Pathology
National Laboratories
Medical Director, Changgao Yang, M.D., Ph.D.
3030 Old Ranch Parkway, #430, Seal Beach, CA 90740
CLIA 05D1012129

U015000

Phone: 1-562-799-8900
Fax: 1-562-799-8901
Toll Free: 1-800-899-8480

PHYSICIAN INFORMATION

AUTHORIZED SIGNATURE _____

Copy of report to: Dr. _____ Address _____ Fax # _____

PATIENT INFORMATION
Please write or affix label

Name (Last, First, Middle) _____ Sex ____ DOB _____ SSN/MR # _____

Address: _____ Phone: _____

BILLING INFORMATION
Please attach face sheet or copy of insurance

Bill: ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient ☐ Client Bill

Primary Insurance Carrier _____ Policy# / ID# _____

Secondary Insurance Carrier _____ Policy# / ID# _____

PROSTATE/ BLADDER/ OTHER HISTOLOGY INFORMATION

ICD-9 / Diagnosis: _____ No. of Samples: _____

Collection Date: _____ Collection Time: _____ ☐ AM ☐ PM ☐ Saturation Biopsy Performed

PSA: _____ ng/ml Date: _____ **DRE:** ☐ Normal ☐ Abnormal _____ ☐ Ultrasound _____

HISTOLOGY

DISEASE STAGE/CLINICAL COURSE

DRE/Clinical Stage:
- ☐ Normal/T1c
- ☐ Isolated Nodule//T2b
- ☐ Suspicious/T2a
- ☐ Multiple Nodules/T2c

Previous Biopsy:
- ☐ Adenocarcinoma
- ☐ Suspicious/ASAP
- ☐ Benign
- ☐ HGPIN

Previous Therapy:
- ☐ Radiation Therapy
- ☐ Hormonal
- ☐ Chemotherapy
- ☐ Cryotherapy
- ☐ Surgery
- ☐ Other _____

TEST REQUEST:
- ☐ Prostate Histology
- ☐ Prostate Histology w/DNA Ploidy*
- ☐ Bladder Histology
- ☐ Vas Deferens Histology
- ☐ Histology Other: _____

☐ ConfirmMDx for Prostate Cancer
For all negative and HGPIN prostate biopsies

**DNA Ploidy performed when requested only on malignant cells. Pathologists may order additional stains when needed at an additional charge.*

CYTOLOGY

ICD-9 / Diagnosis: _____ Collection Date: _____ Collection Time: _____ ☐ AM ☐ PM

Specimen Type
- ☐ First Morning Void
- ☐ Bladder Wash
- ☐ Post Cysto Void
- ☐ Random Void
- ☐ Other: _____
- ☐ Catheterized Urine
- ☐ Ileal Conduit/Neobladder
- ☐ Renal Wash ☐ Right ☐ Left

Previous Therapy
- ☐ BCG
- ☐ TURB
- ☐ Other: _____
- ☐ Radiation
- ☐ Chemotherapy

Cystoscopy
☐ Normal ☐ Abnormal

Clinial History
- ☐ Bladder CA
- ☐ Renal Transplant
- ☐ Other _____
- ☐ Hematuria
- ☐ Diabetes

TEST REQUEST:
- ☐ Cytology
- ☐ Cytology reflex FISH*
- ☐ Cytology/FISH
- ☐ FISH
- ☐ Other: _____

**Reflex when results are atypical. Pathologist may order stains or additional tests when required at an additional charge.*

OTHER

ICD-9 Code/Diagnosis _____ Completion Date _____ Time _____

☐ PCA3 Test Request _____

SUPPLY REQUEST

For additional supplies please contact client services at 1-800-899-8480