GU Pathology Requisition

GOPATH LABORATORIES
Global Pathology Services
1351 Barclay Blvd., Buffalo Grove, IL 60089
Tel: 855.467.2849 Fax: 224.588.9941
www.gopathlabs.com

PATIENT INFORMATION (Please print)

Name (Last, First) _____
Address _____
City, State, Zip _____
Female ☐ Male ☐ Date of Birth (M/D/Y) _____
SSN# (Optional) _____
Phone# _____
Diagnosis: _____

ORDERING PHYSICIAN / LAB INFORMATION (Please print)

Facility Name _____
Name (Last, First) _____
Address _____
City, State, Zip _____
Phone# _____ Fax# _____ E-Mail: _____
Ordering Physician _____ (M/D/Y) _____
NPI#: _____ Treating Physician: _____
Report Delivery: Fax ☐ E-Mail ☐ Mail ☐ Website Only ☐

CODING INFORMATION

Diagnosis Code/ICD-10 Code (Required): _____

The physician is required to document all applicable ICD codes or descriptions for all tests ordered supporting medical necessity which shall be used in patient plan of care. Example: ICD-10: Z85.51 (Hx Bladder Cancer)

COMMON ICD-10 CODES

Elevated PSA: R97.2, Encounter for Sterilization: Z30.2, Gross Hematuria: R31.0, Benign Essential Microscopic Hematuria: R31.1, Hx Prostate Cancer: Z85.46, Hx Bladder Cancer: Z85.51, Neoplasm of Uncertain Behavior, Prostate: D40.0, Neoplasm of Uncertain Behavior, Bladder: D41.4, Malignant Neoplasm Bladder, Unspecified: C67.9

BILLING INFORMATION (Please provide copy of insurance card)

Primary Insurance: _____
Bill: ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Hospital ☐ Client ☐ Self Pay
Secondary Insurance: ☐ Yes ☐ No *If yes, please attach secondary insurance form*
Secondary Insurance: _____
Place of Service:
☐ 21 - Inpatient Hospital ☐ 22 - Outpatient Hospital ☐ 24 - Ambulatory Surgery Ctr
☐ Tech-Only ☐ Global ☐ Client Bill

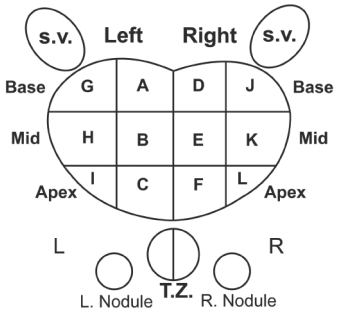
SPECIMEN INFORMATION (Please provide copy of pathology report)

Pathology Department: _____
Phone#: _____ Fax#: _____
Specimen Block ID/#: _____
Collection Date (M/D/Y): _____
Type: ☐ Slides ☐ Block Archived Specimen: ☐
Body Site: _____ Primary ☐ Metastatic ☐

CLINICAL HISTORY

☐ Elevated PSA
☐ Last total PSA _____ ☐ Free PSA _____
☐ Previous Biopsy Yes No
☐ Hypoechoic lesion Yes No
☐ Clinical Stage:
☐ T1c ☐ T2a ☐ T2b ☐ T2c ☐ T3
☐ Previous diagnosis _____
☐ Previous Treatments:
☐ TURBT ☐ Radiation
☐ Hormonal ☐ Chemo ☐ BCG
☐ TURP ☐ Cryotherapy
☐ Other _____

PROSTATE DIAGRAM



PATHOLOGY

☐ Prostate Biopsy ☐ TURP
☐ Bladder Biopsy ☐ TURBT
☐ Urine Cytology
☐ Reflex (Urine FISH)
☐ Kidney Biopsy for tumor
☐ Kidney Biopsy for medical renal
☐ Skin
☐ Vas Deferens ☐ Testicles L R
☐ Other _____
# of Biopsies _____
# of Containers _____
Specimen Date: _____M/ _____ D/ _____Y

MOLECULAR DIAGNOSIS

☐ **GoProDx™ Prostate Cancer Prognostic Panel**
☐ PTEN-FISH ☐ ERG-FISH
☐ Urine FISH ☐ FISH Reflex to CystoSnap™
☐ CystoSnap™ ☐ PCA3 (see requirements)
☐ Other _____

CHEMISTRY

☐ PSA ☐ Comprehensive Metabolic Panel ☐ Venipuncture
☐ Free PSA % ☐ Free PSA if >3.5; <10 ☐ Creatinine/BUN
☐ Testosterone ☐ Ultra Sensitive PSA ☐ Other _____

SPECIMEN SOURCE

☐ Prostate ☐ Bladder ☐ Kidney
☐ Voided Urine ☐ Cath Urine
☐ PostCysto Void ☐ Bladder Wash
☐ Clean Catch ☐ Ileal Conduit

MICROBIOLOGY

☐ Culture Sensitivity ☐ U/A Urinalysis w/microscopy
☐ Culture ☐ U/A Urinalysis w/o microscopy
☐ Gram Stain ☐ Chlamydia-GEN Probe
☐ Myco/Ureaplasma culture ☐ GC-GEN Probe

Specimen Source:
☐ Voided Urine
☐ Cath Urine
☐ Clean Catch

STONE ANALYSIS

Specimen Source:
☐ Bladder
☐ Ureter
☐ Kidney

Specimen Obtained:
☐ Lithotripsy
☐ Spontaneously Passed
☐ Surgically Removed

☐ 24 Hr. Stone Risk Profile
☐ Other _____

Special Instructions:

Preparing Samples (Tissue)

FFPE tissue blocks are preferred. Blanks at 4 µm for 10 slides or at 8 µm for 5 slides are acceptable when blocks cannot be provided. Specimen types include: endoscopic biopsies, excisional biopsies, core needle biopsies, surgical resections and cell blocks (pleural effusions, ascites). Use GoPath Labs kit for transport. Ship at room temperature. Include copy of this requisition.

A signature certifies that he/she is licensed to order the test(s) listed above and that tests ordered are necessary for the treatment of the above patient.

Authorized Signature **Date:**

To view reports, please visit www.gopathlabs.com and click Online Reporting