



For specimen pick up, please call 352-308-8903

PATIENT INFORMATION

Form with fields for Name (First, Last), Sex, Birth Date, Social Security#, Hosp./Clinic#, Street Address/Apt.#, City, State, Zip, Phone (Home), (Work).

Date of collection: _____ Time of collection: _____

PHYSICIAN INFORMATION

Large empty box for Physician Information.

PRIMARY INSURANCE Self Pay Insurance

Please include a copy of insurance card and patient ID.

Form with fields for Insurance Company, Subscriber/Member#, Group#, Claim Address, City, State, Zip.

SECONDARY INSURANCE None

Form with fields for Insurance Company, Subscriber/Member#, Group#, Claim Address, City, State, Zip.

PROSTATE

D40.0 Prostate Nodule Z85.46 Hx of Prostate Cancer

R97.20 Elevated PSA

Required for Han & Partin Tables*:

*PSA Result _____

*DRE (for clinical stage info if biopsy is positive):

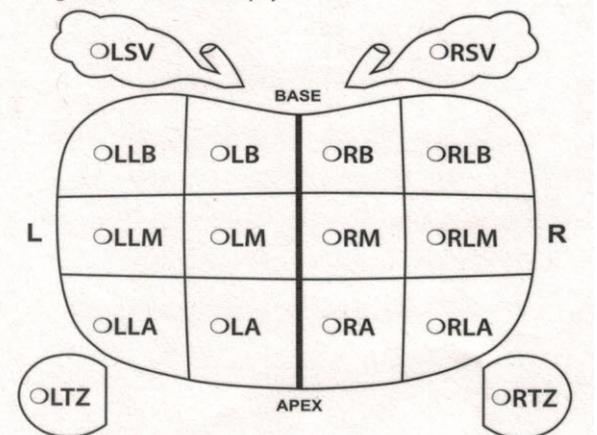
- Normal (T1c)
 Abnormal, Unilateral < 50% of lobe (T2c)
 Abnormal, Unilateral > 50% of lobe (T2b)
 Abnormal Bilateral (T2c)

Prior Bx Findings: _____ PCA 3: _____

Prior Rx Hormone Therapy Radiation Cryosurgery

DIAGNOSTIC TEST ORDER - Mark Location of Biopsy(s)

Diagnostic Prostate Biopsy



Total # of PROSTATE jars submitted

Empty box for Total # of PROSTATE jars submitted.

REQUIRED for laboratory accessioning purposes

Other site (specify):

TURP Second Opinion Other

BLADDER, URINE CYTOLOGY, FISH

599.7 Hematuria N30.90 Cystitis

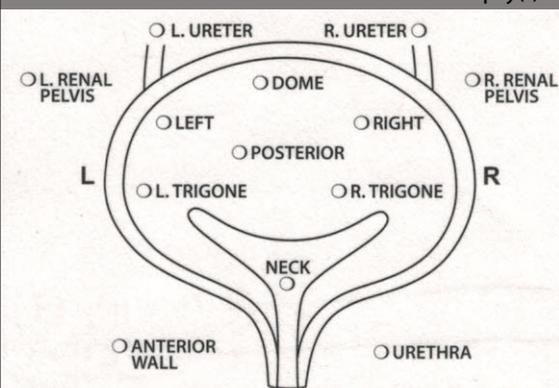
Z85.51 Hx of Bladder Ca.: TCC High Grd TCC Low Grd CIS

Prior Bx Findings: _____

Prior Rx Thiotepa/Mitomycin Radiation BCG

Cysto. Findings: _____

DIAGNOSTIC TEST ORDER - Mark Location of Biopsy(s)



Total # of BLADDER jars submitted

Empty box for Total # of BLADDER jars submitted.

REQUIRED for laboratory accessioning purposes

Other site(s):

TURBT

Urine Cytology (Indicate type)

UroVysion FISH Only

Cytology with reflex to UroVysion

FISH if cytology is atypical

Cytology with UroVysion FISH

(regardless of cytology results)

Second Opinion

Other

Voided Urine

Bladder Wash

Catheterized Urine

Post Cystoscopy Urine

Upper Tract (Right)

Upper Tract (Left)

Ileal Conduit/Neobladder