Metamark.

Urologic Pathology Requisition

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Shaded fields are required.

PATIENT INFORMATION

Last Name	First Name	MI
Street Address		Apt. #
City	State	ZIP
Date of Birth	Age	Sex
Phone #	Cell Phone #	
SSN #	Medical Record #	
Collection Date	Collection Time □ AM □ PM	

Accession number
Place 2D barcode sticker here

Please send copies of final report(s) to:

Physician Name	Fax #

DIAGNOSTIC INFORMATION

- □ R97.2 Elevated PSA *(790.93)*
- □ C61 Prostate Cancer *(185)*
- □ D40.0 Neoplasm of Uncertain Behavior of Prostate *(236.5)*
- □ N40.1 Enlarged Prostate With LUTS *(600.01, 600.21, 600.91)*
- □ N40.2 Nodular Prostate Without LUTS *(600.10)*
- □ Z85.46 Personal History of Prostate Cancer *(V10.46)*
- □ Z80.42 Family History of Prostate Cancer *(V16.42)*
- □ R31.9 Hematuria, Unspecified *(599.70)*
- □ R31.0 Gross Hematuria *(599.71)*
- □ R31.1 Microscopic Hematuria *(599.72)*
- □ C67.9 Malignant Neoplasm of Bladder *(188.9)*
  - □ High Grade □ Low Grade
- □ D09.0 Carcinoma In Situ of Bladder *(233.7)*
- □ Z85.51 Personal History of Bladder Cancer *(V10.51)*
- □ Z80.52 Family History of Bladder Cancer *(V16.52)*
- □ E66.9 Obesity, Unspecified *(278.00)*
- □ R35.0 Frequency of Micturition *(788.41)*
- □ D07.5 Carcinoma In Situ of Prostate *(233.4)*
- □ G93.3 Postviral Fatigue Syndrome *(780.79)*

Other ___________________________

CLINICAL INFORMATION

PSA last result* _________ Date ____________
**required for Partin Table*

DRE/Clinical Stage (if malignant diagnosis):
- □ Normal (T1c)
- □ Abnormal, Unilateral ≤ 50% of lobe (T2a)
- □ Abnormal, Unilateral > 50% of lobe (T2b)
- □ Abnormal, Bilateral (T2c)

PREVIOUS BIOPSY

- □ Benign
- □ HGPIN
- □ Atypical/Suspicious
- □ Adenocarcinoma
  Gleason Score _______________
- □ Other ______________________

PREVIOUS THERAPY

- □ Prostatectomy
- □ Radiation
- □ Cryotherapy
- □ Hormone Therapy
- □ Active Surveillance/Watchful Waiting
- □ Other ________________________
- □ BCG
- □ Mitomycin
- □ Thiotepa

BILLING INFORMATION

Bill To: □ Insurance □ Medicare □ Medicaid □ Client □ Patient/Self-Pay

Service Type: □ Global □ TC ONLY □ TC with Global Bill □ PC ONLY □ PC with Global Bill

Primary Insurance: (or attach card copy)	Policy #	Group #
Plan name		Phone #
Plan address		
Name of subscriber	Patient relationship to subscriber	

Secondary Insurance: (or attach card copy)	Policy #	Group #
Plan name		Phone #

HISTOLOGY

Specimen Type
- □ Prostate Biopsy
  - □ Multiple
  - □ Saturation
    # of cores ____
- □ TURP
- □ Bladder Biopsy
- □ TURBT
- □ Vas Deferens
- □ Other

____

PROSTATE REFLEX

ProMark & PTEN/ERG reflex:
□ If Gleason 3+3 or 3+4: **ProMark**; If not enough tissue for ProMark, **PTEN/ERG**
If Gleason 4+3/HGPIN/Atypical/Suspicious/ASAP: **PTEN/ERG**

□ **ProMark only** (Gleason 3+3 or 3+4)

□ **PTEN** □ **PTEN/ERG**
Recommended:
□ Gleason Score 6 or 7/HGPIN/Atypical/Suspicious/ASAP
Individual Reflex (please select all that apply):
- □ Gleason Score 6 or 7
- □ HGPIN
- □ Atypical/Suspicious
- □ ASAP
- □ Other ___________________

CYTOLOGY/FISH

Procedure
- □ Cytology and FISH Molecular Assay
- □ Cytology Reflex FISH if Cytology is Atypical/Suspicious
- □ Cytology Reflex FISH if Cytology is: _______________
- □ FISH Molecular Assay Only
- □ Cytology Only
- □ Other:__________________

Specimen Type
- □ Voided urine
- □ Catheterized urine
- □ Bladder washings
- □ Post-cystoscopy void
- □ Other: __________
- □ Renal washings
  - □ Right □ Left
- □ Ureteral washings
  - □ Right □ Left
- □ Neobladder/ileal conduit

I authorize testing and confirm: 1) that this test is medically necessary and the results will be used in the medical management and treatment decisions for the patient; 2) that informed consent has been obtained; and 3) that I have on file the patient's assignment of benefits authorizing insurance benefits to be paid to Metamark Genetics, Inc. (Metamark). I authorize Metamark to contact the patient, if necessary, for testing authorization and discussion of financial responsibility. I authorize Metamark to release the information on this form and other information provided by me that is necessary to process a claim for this service.