

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 <input type="checkbox"/> AM <input type="checkbox"/> PM																									
Please send copies of final report(s) to:																										
Physician Name		Fax #																								
<table border="0"> <tr> <td><input type="checkbox"/> R97.2 Elevated PSA (790.93)</td> <td><input type="checkbox"/> R31.9 Hematuria, Unspecified (599.70)</td> <td><input type="checkbox"/> E66.9 Obesity, Unspecified (278.00)</td> </tr> <tr> <td><input type="checkbox"/> C61 Prostate Cancer (185)</td> <td><input type="checkbox"/> R31.0 Gross Hematuria (599.71)</td> <td><input type="checkbox"/> R35.0 Frequency of Micturition (788.41)</td> </tr> <tr> <td><input type="checkbox"/> D40.0 Neoplasm of Uncertain Behavior of Prostate (236.5)</td> <td><input type="checkbox"/> R31.1 Microscopic Hematuria (599.72)</td> <td><input type="checkbox"/> D07.5 Carcinoma In Situ of Prostate (233.4)</td> </tr> <tr> <td><input type="checkbox"/> N40.1 Enlarged Prostate With LUTS (600.01, 600.21, 600.91)</td> <td><input type="checkbox"/> C67.9 Malignant Neoplasm of Bladder (188.9)</td> <td><input type="checkbox"/> G93.3 Postviral Fatigue Syndrome (780.79)</td> </tr> <tr> <td><input type="checkbox"/> N40.2 Nodular Prostate Without LUTS (600.10)</td> <td><input type="checkbox"/> High Grade <input type="checkbox"/> Low Grade</td> <td>Other _____</td> </tr> <tr> <td><input type="checkbox"/> Z85.46 Personal History of Prostate Cancer (V10.46)</td> <td><input type="checkbox"/> D09.0 Carcinoma In Situ of Bladder (233.7)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Z80.42 Family History of Prostate Cancer (V16.42)</td> <td><input type="checkbox"/> Z85.51 Personal History of Bladder Cancer (V10.51)</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Z80.52 Family History of Bladder Cancer (V16.52)</td> <td></td> </tr> </table>			<input type="checkbox"/> R97.2 Elevated PSA (790.93)	<input type="checkbox"/> R31.9 Hematuria, Unspecified (599.70)	<input type="checkbox"/> E66.9 Obesity, Unspecified (278.00)	<input type="checkbox"/> C61 Prostate Cancer (185)	<input type="checkbox"/> R31.0 Gross Hematuria (599.71)	<input type="checkbox"/> R35.0 Frequency of Micturition (788.41)	<input type="checkbox"/> D40.0 Neoplasm of Uncertain Behavior of Prostate (236.5)	<input type="checkbox"/> R31.1 Microscopic Hematuria (599.72)	<input type="checkbox"/> D07.5 Carcinoma In Situ of Prostate (233.4)	<input type="checkbox"/> N40.1 Enlarged Prostate With LUTS (600.01, 600.21, 600.91)	<input type="checkbox"/> C67.9 Malignant Neoplasm of Bladder (188.9)	<input type="checkbox"/> G93.3 Postviral Fatigue Syndrome (780.79)	<input type="checkbox"/> N40.2 Nodular Prostate Without LUTS (600.10)	<input type="checkbox"/> High Grade <input type="checkbox"/> Low Grade	Other _____	<input type="checkbox"/> Z85.46 Personal History of Prostate Cancer (V10.46)	<input type="checkbox"/> D09.0 Carcinoma In Situ of Bladder (233.7)		<input type="checkbox"/> Z80.42 Family History of Prostate Cancer (V16.42)	<input type="checkbox"/> Z85.51 Personal History of Bladder Cancer (V10.51)			<input type="checkbox"/> Z80.52 Family History of Bladder Cancer (V16.52)	
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CLINICAL INFORMATION	PREVIOUS BIOPSY	PREVIOUS THERAPY																								
PSA last result* _____ Date _____ <i>*required for Partin Table</i>  <b>DRE/Clinical Stage</b> (if malignant diagnosis): <input type="checkbox"/> Normal (T1c) <input type="checkbox"/> Abnormal, Unilateral ≤ 50% of lobe (T2a) <input type="checkbox"/> Abnormal, Unilateral > 50% of lobe (T2b) <input type="checkbox"/> Abnormal, Bilateral (T2c)	<input type="checkbox"/> Benign <input type="checkbox"/> HGPIN <input type="checkbox"/> Atypical/Suspicious <input type="checkbox"/> Adenocarcinoma Gleason Score _____  <input type="checkbox"/> Other _____	<input type="checkbox"/> Prostatectomy <input type="checkbox"/> BCG <input type="checkbox"/> Radiation <input type="checkbox"/> Mitomycin <input type="checkbox"/> Cryotherapy <input type="checkbox"/> Thiotepa <input type="checkbox"/> Hormone Therapy <input type="checkbox"/> Active Surveillance/Watchful Waiting  <input type="checkbox"/> Other _____																								
BILLING INFORMATION																										
<b>Bill To:</b> <input type="checkbox"/> Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Client <input type="checkbox"/> Patient/Self-Pay																										
<b>Service Type:</b> <input type="checkbox"/> Global <input type="checkbox"/> TC ONLY <input type="checkbox"/> TC with Global Bill <input type="checkbox"/> PC ONLY <input type="checkbox"/> PC with Global Bill																										
<b>Primary Insurance:</b> (or attach card copy)		Policy # _____ Group # _____ Plan name _____ Phone # _____ Plan address _____ Name of subscriber _____ Patient relationship to subscriber _____																								
<b>Secondary Insurance:</b> (or attach card copy)		Policy # _____ Group # _____ Plan name _____ Phone # _____																								
HISTOLOGY	PROSTATE REFLEX	CYTOLOGY/FISH																								
<b>Specimen Type</b> <input type="checkbox"/> Prostate Biopsy <input type="checkbox"/> Multiple <input type="checkbox"/> Saturation # of cores _____  <input type="checkbox"/> TURP <input type="checkbox"/> Bladder Biopsy <input type="checkbox"/> TURBT <input type="checkbox"/> Vas Deferens <input type="checkbox"/> Other _____  <b>Know Error® DNA Confirmation</b> <input type="checkbox"/> All malignant biopsies <input type="checkbox"/> Highest Gleason Score (left & right) <input type="checkbox"/> Highest Gleason Score <input type="checkbox"/> Other: _____	<b>ProMark &amp; PTEN/ERG reflex:</b> <input type="checkbox"/> If Gleason 3+3 or 3+4: <b>ProMark</b> ; If not enough tissue for ProMark, <b>PTEN/ERG</b> If Gleason 4+3/HGPIN/Atypical/Suspicious/ASAP: <b>PTEN/ERG</b>  <input type="checkbox"/> <b>ProMark only</b> (Gleason 3+3 or 3+4)  <input type="checkbox"/> <b>PTEN</b> <input type="checkbox"/> <b>PTEN/ERG</b> <b>Recommended:</b> <input type="checkbox"/> Gleason Score 6 or 7/HGPIN/Atypical/Suspicious/ASAP <b>Individual Reflex</b> (please select all that apply): <input type="checkbox"/> Gleason Score 6 or 7 <input type="checkbox"/> HGPIN <input type="checkbox"/> Atypical/Suspicious <input type="checkbox"/> ASAP <input type="checkbox"/> Other _____	<b>Procedure</b> <input type="checkbox"/> Cytology and FISH Molecular Assay <input type="checkbox"/> Cytology Reflex FISH if Cytology is Atypical/Suspicious <input type="checkbox"/> Cytology Reflex FISH if Cytology is: _____ <input type="checkbox"/> FISH Molecular Assay Only <input type="checkbox"/> Cytology Only <input type="checkbox"/> Other: _____  <b>Specimen Type</b> <input type="checkbox"/> Voided urine <input type="checkbox"/> Renal washings <input type="checkbox"/> Catheterized urine <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Bladder washings <input type="checkbox"/> Ureteral washings <input type="checkbox"/> Post-cystoscopy void <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Other: _____ <input type="checkbox"/> 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.