



Associated Pathology Medical Group

Julia Chan, M.D., Carlene Hawksley, M.D., Paula Quinn, M.D., Werner Stamm, M.D.,
Leonard Valentino, M.D., Kenneth Westphal, M.D., Jeffrey Young, M.D.

**UROLOGIC PATHOLOGY
REQUISITION**
Histology/Cytology

PATIENT INFORMATION			CLIENT INFORMATION		
Last Name		First Name		M.I.	
Date of Birth	Specimen Date	Sex	MRN #		
/ /	/ /	M F			
Patient Social Security Number		Patient Phone Number			
Street Address				Apt. #	
City		State	Zip		

Special Handling
 Phone Fax (____) _____ CC _____ Physician's Signature _____

BILLING INFORMATION Attach copy of all insurance I.D. cards (front and back, please)

Bill To: Patient Doctor HMO Insurance Medicare/Medi-Cal # _____

Subscriber Name _____ Relationship to Subscriber: Self Spouse Dependent Other _____

Insurance Name _____ Address _____ City, State, Zip _____

ID # _____ Group # _____

Subscriber DOB: _____ Subscriber Sex: Male Female

Medicare patient reviewed and signed advanced beneficiary notice for non-covered services

Diagnosis Code(s)

HISTOLOGY

Test(s) required. Please check box.

Tissue type: _____

Prostate histology

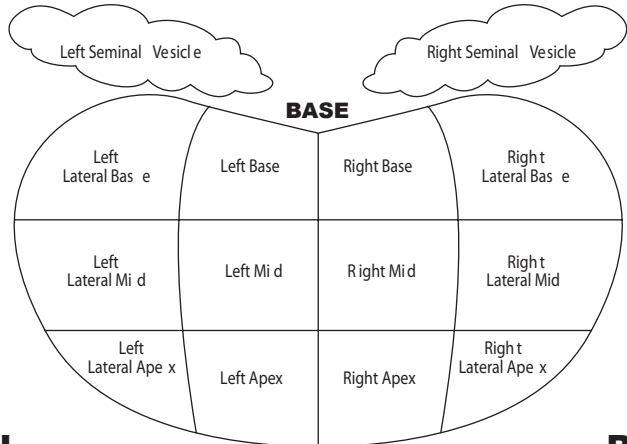
Bladder histology

Vas deferens

#1 R or L #2 R or L

Second Opinion _____

Other _____



CYTOLOGY

Test(s) required. Please check box.

Urine cytology

UroVysion™ FISH

Other _____

Specimen Type/Volume _____ ml

VU (voided urine) CU (catheritized urine)

BW (bladder wash) PCV (post cysto voided urine)

Renal wash L _____ R _____

Uretal wash L _____ R _____

Neo bladder

Other _____

CLINICAL INFORMATION

PSA _____ ng/ml Date _____

DRE: Normal Abnormal

Abnormal findings: _____

Previous biopsy: None Benign Inflammation

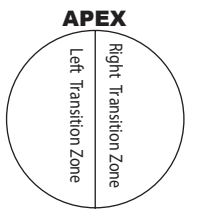
Atypia HPIN Malignant

Other _____

Previous therapy: None Hormonal BCG

Radiation Chemotherapy Cyrosurgery

Surgery Other _____



Please designate specimen sites by number:

Other Sites: _____

CLINICAL INFORMATION

Cystoscopy: Normal Abnormal

Abnormal findings: _____

Previous cytology exam: Date _____

None Benign Atypia Malignant Dysplasia

Other _____

Previous therapy:

None BCG Radiation Chemotherapy Surgery

Other _____

Date & Time Specimen Collected _____ By _____

Date & Time Specimen Collected _____ By _____

ADDITIONAL CLINICAL INFORMATION