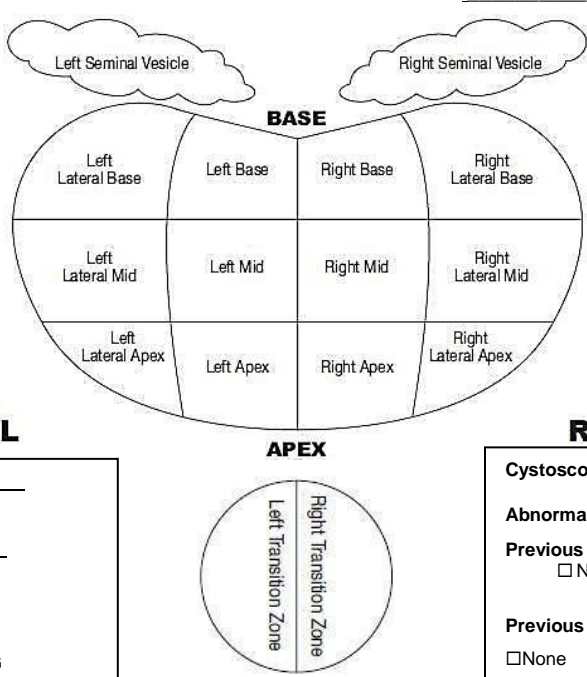


PATIENT INFORMATION				COLLECTION INFORMATION	
Last Name		First Name		Collection Date: ___/___/___	
Address			Time: ___/___/___ am/pm		
City			State		Zip Code
Phone		Sex	Age	DOB	
Social Security #		Medical Record #			
BILLING INFORMATION				LAB USE ONLY	
Name of Insured				Case #: _____ Date Received: ___/___/___	
Company Name					
Street Address					
City		State	Zip		
Policy #		Group #			
Medicare/Medicaid #		Referral #			
PRE-OPERATIVE Dx. (Please attach all relevant Clinical History)					
<input type="checkbox"/> C67.9 Malignant neoplasm of bladder		<input type="checkbox"/> R31.9 Hematuria		<input type="checkbox"/> C61 Malignant neoplasm of prostate	
<input type="checkbox"/> D30.3 Benign neoplasm of bladder		<input type="checkbox"/> R97.20 Elevated PSA		<input type="checkbox"/> Other: _____ ICD-10 code _____	
<input type="checkbox"/> D09.0 Carcinoma <i>in situ</i> of bladder		<input type="checkbox"/> N40.0 BPH			
HISTOLOGY		CYTOLOGY			
Test(s) required. Please check box. Tissue type: _____ <input type="checkbox"/> Prostate (Identify on Diagram) <input type="checkbox"/> Bladder histology 1. _____ 2. _____ 3. _____ <input type="checkbox"/> Vas deferens <input type="checkbox"/> #1 R or L <input type="checkbox"/> #2 R or L <input type="checkbox"/> Other _____					
Specimen: Urine Collection <input type="checkbox"/> Voided <input type="checkbox"/> Washing <input type="checkbox"/> Catheter Test(s) required. Please check box <input type="checkbox"/> Cytology + Bladder Ca by FISH + CT/GC <input type="checkbox"/> Cytology + Bladder Ca by FISH <input type="checkbox"/> Cytology + Chlamydia/Gonorrhea <input type="checkbox"/> Cytology <input type="checkbox"/> Bladder CA by FISH <input type="checkbox"/> Chlamydia/Gonorrhea		CLINICAL INFORMATION PSA _____ ng/ml Date _____ DRE: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Abnormal findings: _____ Previous biopsy: <input type="checkbox"/> None <input type="checkbox"/> Benign <input type="checkbox"/> Malignant <input type="checkbox"/> Atypia <input type="checkbox"/> HPIN <input type="checkbox"/> Other _____ Previous therapy: <input type="checkbox"/> None <input type="checkbox"/> Hormonal <input type="checkbox"/> BCG <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Cryosurgery <input type="checkbox"/> Surgery <input type="checkbox"/> Other _____			
CLINICAL INFORMATION Cystoscopy: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Abnormal findings: _____ Previous cytology exam: Date: _____ <input type="checkbox"/> None <input type="checkbox"/> Benign <input type="checkbox"/> Malignant <input type="checkbox"/> Other _____ Previous therapy: <input type="checkbox"/> None <input type="checkbox"/> BCG <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Surgery <input type="checkbox"/> Other _____					

Non-Medicare Patients: I hereby authorize Alliance Laboratories Southeast to furnish my designated insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to Alliance Laboratories Southeast & understand that I am responsible for any amount not paid by insurance for reasons including, but not limited to, non-authorized services. I permit a copy of this authorization to be used in place of the original.

Patient/Responsible Party Signature: _____

Please indicate your Diagnosis Code selection on the front of this test requisition in the designated spaces under “Billing Information – Diagnosis Codes (Required)”.

ICD-10	Description	ICD-10	Description
PROSTATE CANCER			
C61	Malignant neoplasm of prostate	R97.8	Other abnormal tumor markers
D29.1	Benign neoplasm of prostate	Z12.5	Encounter for screening for malignant neoplasm of prostate
N41.0	Acute prostatitis	Z13.9	Encounter for screening, unspecified
N41.1	Chronic prostatitis	Z80.42	Family history of malignant neoplasm of prostate
N41.2	Abscess of prostate	Z85.46	Personal history of malignant neoplasm of prostate
N41.9	Inflammatory disease of prostate, unspecified	R97.21	Rising PSA following treatment for malignant neoplasm of prostate
N42.89	Other specified disorders of prostate		
N42.9	Disorder of prostate, unspecified		
R97.20	Elevated prostate specific antigen [PSA]		
ICD-10	Description	ICD-10	Description
Prostate PIN4 cocktail & H&E			
C61	Malignant neoplasm of prostate	N42	Dysplasia of prostate
D07.5	Carcinoma in situ of prostate	N42.31	Prostatic intraepithelial neoplasia
D29.1	Benign neoplasm of prostate		
ICD-10	Description	ICD-10	Description
Urine Cytology			
N32.81	Overactive bladder	Z12.6	Encounter for screening for malignant neoplasm of bladder
N32.89	Other specified disorders of bladder	Z80.52	Family history of malignant neoplasm of bladder
N32.9	Bladder disorder, unspecified	Z85.51	Personal history of malignant neoplasm of bladder
ICD-10	Description	ICD-10	Description
VesicaDX (Urothelial Cancer FISH Test)			
C66.1	Malignant neoplasm of right ureter	C67.3	Malignant neoplasm of anterior wall of bladder
C66.2	Malignant neoplasm of left ureter	C67.4	Malignant neoplasm of posterior wall of bladder
C66.9	Malignant neoplasm of unspecified ureter	C67.5	Malignant neoplasm of bladder neck
C67.9	Malignant neoplasm of bladder, unspecified	C67.6	Malignant neoplasm of ureteric orifice
C67.0	Malignant neoplasm of trigone of bladder	C67.7	Malignant neoplasm of urachus
C67.1	Malignant neoplasm of dome of bladder	C67.8	Malignant neoplasm of overlapping sites of bladder
C67.2	Malignant neoplasm of lateral wall of bladder	C68	Malignant neoplasm of other and unspecified urinary organs
R82.8	Abnormal findings on cytological and histological examination of urine		

This is a general, non-comprehensive guide for use by the healthcare provider to assist in the assignment of a diagnosis code to the laboratory testing ordered. The healthcare clinician must only order tests determined to be medically necessary for the diagnosis and treatment of the patient.

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. Alliance Laboratories offers individual tests, as well as a limited number of customized panels. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, Alliance Laboratories understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.