

**CLIENT INFORMATION**

REQUESTING PHYSICIAN	NPI#
REFERRING PHYSICIAN	NPI#

**PATIENT INFORMATION**

Name (LAST, FIRST, MIDDLE) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Date of Birth: MM / DD / YYYY Sex  M  F  
 Phone Number \_\_\_\_\_ Race: \_\_\_\_\_  
 MRN / Patient ID # \_\_\_\_\_ Chart # \_\_\_\_\_

**HISTOLOGY — (GROSS & MICROSCOPIC EXAM)**

**CLINICAL DATA**  
 PSA     ng/ml Date: \_\_\_\_\_ Free PSA   %  
 Digital Rectal Exam:  Suspicious  Non-Suspicious  
 Imaging Method:  Ultrasound  MRI  
 Imaging Results:  Normal  Abnormal  Suspicious  
 Previous Biopsy:  None  PIN  Negative  Suspicious  Positive

**THERAPY**  
 TURP  Prostatectomy  Hormone Therapy  
 Cryosurgery  Chemotherapy  Radiation Therapy

**TEST REQUEST**  
 Prostate Histology  Bladder Histology Biopsy  
 Prostate Histology w/UroScore®  Bladder Histology TUR  
 Vas Deferens (Sterilization) Histology

Prostate Histology, Reflex to ProMark® Prognostic Test@ on:  
 Gleason 6  Gleason 7 (3+4)  Gleason 6 or 7 (3+4) ProMark® only available to CTR Certified physicians.

Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:  PTEN IHC  PTEN/ERG IHC  
 Prostate Histology, Reflex to ConfirmMDx@ on negative/HGPIN  
 Consultation (Send Path Report): \_\_\_\_\_  
 Other Histology: \_\_\_\_\_

UroScore® requires a sextant (6+ vials) biopsy & a PSA value (OK only)  
 Separately billable stains may be added by pathologist when medically necessary to render a diagnosis.

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ AM PM  
 NUMBER OF CORES \_\_\_\_\_ NUMBER OF JARS \_\_\_\_\_

**MOLECULAR**

489160 PCA3 Assay 81313

All diagnoses should be provided by the ordering physician or his or her authorized designee.  
 Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)

ICD-CM	ICD-CM	ICD-CM
ICD-CM	ICD-CM	ICD-CM

**Physician/Authorized Signature**

Patient, Client and Billing information is requested for timely processing of this case. Medicare and other third party payors require that services be medically necessary for coverage, and generally do not cover routine screening tests.

Refer to policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity when ordering tests that are subject to ABN guidelines.

Symbols Legend  
 @ = Subject to Medicare medical necessity guidelines  
 % = Subject to Medicare frequency guidelines  
 # = Medicare deems investigational. Medicare does not pay for service it deems investigational.

**SPECIMEN LABEL INSTRUCTIONS:**

- 1.) Complete the requisition with all requested information.
  - 2.) Remove the required number of labels from the front of this sheet.
  - 3.) Place one (1) label on each specimen container (not on the lid).
- PLEASE DISPOSE OF UNUSED LABELS.

**BILLING INFORMATION** (face sheet & front and back of insurance card must be attached)

Bill:  My Account  Insurance  Medicare  Medicaid  Patient  Workers Comp  
 Patient Status:  Hospital Inpatient  Hospital Outpatient  Non-Hospital Patient  
 Insurance Information:  See attached

Insured Information: Name \_\_\_\_\_  
 Relationship to Patient (circle one) Self Spouse Child Other: \_\_\_\_\_

Primary Insurance Co: \_\_\_\_\_ Authorization # \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Insured # \_\_\_\_\_  
 Billing City, State, Zip \_\_\_\_\_ Group # \_\_\_\_\_

Secondary Insurance Co: \_\_\_\_\_ Authorization # \_\_\_\_\_  
 Billing Address \_\_\_\_\_ Insured # \_\_\_\_\_  
 Billing City, State, Zip \_\_\_\_\_ Group # \_\_\_\_\_

**MicrocytePLUS® URINE CYTOLOGY**

**CLINICAL DATA** (Please complete if requesting urine cytology testing)  
 TCC:  Current  History Dx Date: \_\_\_\_\_  
 Cystitis  Dysuria  Proteinuria  Other: \_\_\_\_\_  
 Diabetes  Hematuria  UTI  
 Clinical Indications: \_\_\_\_\_

**THERAPY**  
 TURB  BCG  Medication: \_\_\_\_\_  
 Thiotepa  Mitomycin \_\_\_\_\_

**SPECIMEN COLLECTION**  
 Voided Urine (Bladder)  Catheterized Urine  Urethral Wash  
 Post-Cysto Void  Renal Wash Left  Renal Wash Right  
 Bladder Wash  Ureter Wash Left  Ureter Wash Right  
 Ileal Conduit/Neobladder  Other: \_\_\_\_\_

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ AM PM

**HEMATURIA EVALUATION ORANGE URINE CYTOPATHOLOGY KIT**

994 Hematuria Profile (Cytodiagnostic Urinalysis Correlating Cytology [Pap and Feulgen stain], Urine Dipstick Chemistry, β2 Microglobulin, Microalbumin, and Total Protein)  
 974 β2 Microglobulin  976 Total Protein  977 Microalbumin

**TCC MONITORING NAVY BLUE URINE CYTOPATHOLOGY KIT**

VU1D Bladder Cancer FISH/Cytology Profile — Pathologist Review and Correlation  
 VU3 Urine Cytology Plus Profile (Pap and Feulgen stain)  
 VU6 Urine Cytology (Pap stain)  
 K600D Bladder Cancer FISH — (Pathologist review)  
 VU4D Urine Cytology Plus Profile with Bladder Cancer FISH reflex (if atypical)-Pathologist Review

**HISTOLOGY - TECHNICAL COMPONENT**

P6A Prostate Histology  L5D Vas Deferens (Sterilization) Histology  
 L5A Bladder Histology  Other \_\_\_\_\_

Collection Date: \_\_\_\_\_ Collection Time: \_\_\_\_\_ AM PM

**CYTOLOGY - TECHNICAL COMPONENT**

VU3TC Urine Cytology (Pap stain only)  
 VU3TC & 972 Urine Cytology Plus (Pap and Feulgen stain)  
 Reflex to:  K600D Bladder Cancer FISH (Pathologist review; global)

When ordering tests for which Medicare or Medicaid reimbursement will be sought, physicians should order only those tests that are medically necessary for the diagnosis or treatment of the patient.

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## TEST COMBINATION/PANEL POLICY

LabCorp's policy is to provide physicians, in each instance, with the flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/panels does not distance physicians who wish to order a test combination from making deliberate decisions regarding which tests are truly medically necessary. All the tests offered in test combinations/panels may be ordered individually using the LabCorp request form. LabCorp encourages clients to contact their local LabCorp representative or LabCorp location if the testing configurations shown here do not meet individual needs for any reason, or if some other combination of procedures is desired.

In an effort to keep our clients fully informed of the content, charges and coding of its test combinations/panels when billed to Medicare, we periodically send notices concerning customized test combination/panels, as well as information regarding patient fees for all LabCorp services. We also welcome the opportunity to provide, on request, additional information in connection with our testing services and the manner in which they are billed to physicians, health care plans, and patients.

The CPT code(s) listed here are in accordance with the current edition of Physicians' Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the appropriate payor that their use is appropriate in each case. All laboratory procedures will be billed to third-party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by the carrier. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc., will be billed in addition to the primary codes when appropriate. LabCorp will process the specimen for a Microbiology test based on source.

MicrocytePLUS® Urine Cytology CPT Codes		
994	Urine Cytology Hematuria Profile	88108, 88313, 81003, 82232, 84156, 82043
For directing further evaluation of patients currently not monitored for TCC who present with hematuria or other signs of urinary tract or renal disease. (Cytodiagnostic Urinalysis Correlating Cytology [by concentration technique, includes Pap and Feulgen stain], Urine Dipstick Chemistry, $\beta$ 2 Microglobulin, Microalbumin, and Total Protein)		
974	$\beta$ 2 Microglobulin	82232
976	Total Protein	84156
977	Microalbumin	82043
VUID	Bladder Cancer FISH/Cytology Pathodiagnostic Profile	88112, 88120
For therapeutic monitoring of patients with a history of TCC and for initial diagnosis of patients presenting with hematuria with suspicion of TCC: Bladder Cancer FISH and Cytology (Pap and Feulgen stain), FISH and cytology read by pathologist (MD). Includes integrated cytomolecular diagnostic interpretation with clinical correlation		
VU3	Cytology Plus Monitoring Profile	88112
Cytology (Pap and Feulgen stain)		
K600D	Bladder Cancer FISH Pathodiagnostic Test	88120
Bladder Cancer FISH, including diagnostic interpretation with clinical correlation by pathologist (MD)		
VU4D	Cytology Plus Profile/Bladder Cancer FISH Reflex-Pathologist	88112; If reflexed, 88120
VU3TC	Cytology Urine Technical Component	88112-TC
972	Feulgen Stain	88313-TC

