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labcorp

Testing will be performed at a Labcorp laboratory, including

Dianon Systems, Inc. 1 Forest Parkway Shelton, CT 06484 800-328-2666 203-926-7100

UROLOGY TEST REQUISITION

Connecticut License # CL-0356

ormerly branded Dianon Pathology.									
ACCOUNT NO. TELEPHONE NO.									
			Z	CHART NUMBER			I	PATIENT D.O.B.	
ACCOUNT NAME AND ADDRESS			VIIC						
			RM/	PATIENT LAST NAME		FIRST NA	ME	M.I.	
			FO						
				STREET ADDRESS					
			E	CITY			STATE	ZIP CODE	
REQUESTING PHYSICIAN (please print) PHYSICIAN /	AUTH	ORIZED SIGNATURE	PAT	SEX M F					
REQUESTING PHYSICIAN NPI REFERRING P	HYSIC	CIAN (PLEASE PRINT)		RACE MRN	/ PA	TIENT ID #	() - IENT TELEPHONE NO)
Diagnosis/Signs/Symptoms in			of Se			red) ICD-CM			
BILL: ☐ PRACTICE/FACILITY ☐ PATIENT ☐ MEDICAR	RE C	MEDICAID INSURAN	NCE	□ REFERRAL #		CODE(S):			
POLICY/ID#		GROUP #		_ 2 ND INS POLICY/ID#				GROUP #	
Insurance carrier				_ INSURANCE CARRIER _					
CLAIM ADDRESS				_ CLAIM ADDRESS					
CITYSTATE		ZIP		_ CITY		STATE		ZIP	
PATIENT HOSPITAL STATUS 🗖 INPATIENT 🗖 OUTPAT	IEN	「 □ NON-PATIENT		Insured's name			INSUF	RED'S DOB	
				PATIENT'S RELATIONSH	HIP T	O INSURED: 🗆 SI	POUSE 🗖	CHILD 🗖 OTHE	R
Collection Date:		CLINICAL DATA (MUST				REQUIRED			
Collection Time: AM PM		,	® UR	INE CYTOLOGY PROFILES)				ne	
Specimen Type		☐ TCC, Current☐ TCC, History [)x D	ate:		Collection		ection e:	□ AM □ PM
CLINICAL DATA		_ ,		inuria 🔲 Dysuria		Specimen Type_			17/4
CLINICAL DAIA		Cystitis [Diabe	etes 🗆 UTI		Dianon 24hr Urine		RED	
PSA ng/ml Free PSA %		☐ Other						may be ordered inc	,
DRE Finding Normal (T1c) ABNL, Bilateral (T2c)		THERAPY						monia, Calcium, Ch sium, Oxalate, pH,	loride,
☐ Suspicious ☐ ABNL, Unilat ≤ 50% lobe (T2a)] B(CG litomycin		Phosphorus, Po Sulfate, Uric A		ualitative Cystine*, So	odium,
☐ Multi Nodules ☐ ABNL, Unilat >50% lobe (T2b)		☐ Medication:	J /VI	illomycin	SK	☐ UroStone®24	4 * (Calcium,	, Citrate, Creatinine,	
Previous Biopsy ☐ None ☐ Negative ☐ Suspicious ☐ Positive		SPECIMEN COLLECTION	JTVE	DE .	2 ±1	Cystine*, Sodiu	um, Uric Aci		
Imaging Method Ultrasound MRI				☐ Catheterized Urine	Į.	☐ UroStone® C		ric Acid, Creatinine, S Icium, Creatinine, pl	
Imaging Results □ Normal □ Abnormal □ Suspicious		☐ Post-Cysto Void		☐ Bladder Wash	•	Sodium) UroStone® C	itrate (Citra	ite, Creatinine)	
Other:		☐ Ileal Conduit/NeoBla☐ Renal Wash - Left	ıdder	r □ Urethral Wash □ Renal Wash - Right				eatinine, Qualitative erum Creatinine/Uri	
THERAPY ☐ TURP ☐ Prostatectomy ☐ Hormone Therapy				☐ Ureter Wash - Right		Creatinine)			iic
☐ Cryosurgery ☐ Chemotherapy ☐ Radiation		☐ Other						specimens <u>and</u> inches & Weight _	lbs
Number of Jars Number of Cores	ζ	MicrocytePLUS® URINE	CYT	OLOGY PROFILES		_	-	diet □ Ca/Na Restrict	
TEST REQUEST	CYTOLOGY	☐ 994 Hematuria Pro				Serum Chemistry F	Profiles (Test	s may be ordered in	dividually)
☐ Prostate Histology	CYT			Correlating Cytology (by ncludes Pap and Feulgen		☐ Hypercalciur	ria Profile (Calcium, Phosphoru	ıs, Uric
Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:	N N	stains), Urine Dipstick		mistry, ß2 Microglobulin,				hloride, CO ₂ , Ċreatir Ilcium, Phosphorus,	
☐ PTEN IHC ☐ PTEN/ERG IHC	/URI	Microalbumin, and Tot	al Pr	otein		Sodium, Potass	sium, Chloric	de, CO ₂ , Creatinine)	
☐ Prostate Histology, Rflx to ConfirmMDx® on Non-Cancer Prostate Histology, Reflex to Genomic Prostate Score® on	MicrocytePLUS®/URINE	□ VU1D Bladder Cancer	FISH	I/Cytology	<u> </u>	Specimen Obtained ☐ Spontaneously		Lithotripsy	
Gleason: \square All \square 3+3 or 3+4	tePL	Pathodiagnostic Profile		l Cytology (Pap and Feulgen	IXC	☐ Surgically Remo		Еппопрзу	
4+3 or higher (excluding GG5)	rocy	stains); including integrate		, , ,	Z	Specimen Type:			
Patient has Life Expectancy of ≥ 10 years? ☐ Yes ☐ No	Mic	interpretation with clinical	corre	elation by pathologist (MD)	N N	☐ Bladder ☐ Ki	idney 🗆 C	Other:	
☐ Bladder Histology Biopsy		☐ VU3 Cytology Plus	Moi	nitoring Profile #	CTO	TEST REQUEST:			
☐ Bladder Histology TUR		Cytology (Pap and Feu				☐ Stone Analysis,		ct Calculus 82355/82	365
□ Vas Deferens (Sterilization) Histology		□ VU4D Bladder Can	cer	FISH Reflex/Cytology		Ammonia 82140		□ pH 83986	
☐ Consultation (Send Path Report):		Pathodiagnostic Pro				☐ Calcium 82340 ☐ Chloride 82436		☐ Phosphorus 84 ☐ Potassium 841	105
☐ Other Histology:		Cytology (Pap and Feu Bladder Cancer FISH (ugen Pathe	stains), retiex to ologist review) on		☐ Citrate 82507		☐ Sodium 84300	
		atypical cytology resul	ts			☐ Creatinine 8257 ☐ Cystine, Qual* 8	82127	☐ Sulfate 84392 ☐ Total Protein 8	
168 PSA (Total) @% 84153		INDIVIDUAL TESTS:				☐ Magnesium 837 ☐ Oxalate 83945	35	☐ Uric Acid 845	50
167 PSA/Reflex Free PSA F/T ratio for TPSA 2-10 ng/mL		☐ K600D Bladder Cance		-		Chemistries			
@% 84153, reflex adds 84154		☐ VU6 Pap Stain (only) Cy	_	gy ‡		☐ Albumin 82040 ☐ Alk Phosphatase		☐ CO2 82374 ☐ Creatinine 825	i65
X6859 PSA and Free PSA F/T ratio @% 84153, 84154		☐ 974 ß2 Microglobulin ❖	•		>	☐ ALT-SGPT 84460 ☐ AST-SGOT 8445	0	☐ Glucose @% 8☐ HDL @% 8371	32947
2173 PSA (Total) Annual Screen @% 84153/G0103		☐ 977 Microalbumin ❖			ISTR	🗖 Bilirubin, Total 8		☐ Magnesium 83	3735
120		☐ FNA (Fine Needle Aspir	ation) Site:	HEM	☐ BUN 84520 ☐ BUN/Creatinine	;	☐ Phosphorus 84 ☐ Potassium 841	32
133				ytology Kit (Alcohol Fixative)	۲	84520, 82565 Calcium 82310		☐ PTH 83970 ☐ Sodium 84295	;
146 ☐ FSH (Follicle Stimulating Hormone) 83001		Urine Cytopathology Ki				☐ CBC/Plt @ 8502 ☐ CBC/Plt & Diff @	27	☐ Total Protein 8 ☐ Triglyceride @	4155
144 LH (Luteinizing Hormone) 83002		See reverse for collection	met	thods and CPT codes		☐ Chloride 82435 ☐ Cholesterol @%		☐ Uric Acid 845	
143 Prolactin 84146						Panels (compone		ck)	
004515	TEST					☐ Basic Metabolic	c Panel		
177	DNAL					☐ Comprehensive ☐ Electrolyte Pane		Panel	
X7877 Testosterone, Total, Free, and Percent Free	DITIC					☐ Hepatic Function	on Panel		
	AD	l				☐ Lipid Panel @%) D. I.		

Separately billable stains may be added by pathologist when medically necessary to render a diagnosis. *Quantitative Cystine (82131) performed on positive Qualitative Cystine at additional charge. 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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WHITE-DIANON CANARY-PHYSICIAN

Labeling Instructions

- 1. Complete all requested information on requisition form.
- 2. Place the indicated label on the corresponding specimen jar. Use one label per specimen.
- 3. Discard all unused labels.

For Questions, Contact Client Services at 1-800-328-2666.

MEDICARE ADVANCE BENEFICIARY NOTICE OF NON-COVERAGE (ABN)

Refer to Determining Necessity of ABN Completion on reverse.

Symbols Legend

Symbols Legen

(1376) REV. 12/18/2024

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2A
1B
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labcorp

1 Forest Parkway Shelton, CT 06484 800-328-2666 Testing will be performed at a 203-926-7100 Labcorp laboratory, including

Dianon Systems, Inc.

UROLOGY TEST REQUISITION

Connecticut License # CL-0356

for	merly branded Dianon Pathology.							
	ACCOUNT NO. TELEPHONE NO.							
				_	CHART NUMBER		_	PATIENT D.O.B.
	ACCOUNT NAME AND ADDRESS			NOI	CHART NOMBER			TATIENT D.O.B.
Ž				MA	PATIENT LAST NAME		FIRST NAME	M.I.
5				OR	PATIENT LAST NAME		FIRST INAME	IVI.I.
				Ĕ	STREET ADDRESS			
				ΙĘ				
5				鲁	CITY		STATE	ZIP CODE
	REQUESTING PHYSICIAN (please print) PHYSICIAN /	AUTH	ORIZED SIGNATURE	PA	SEX M F		,	,
			CIAN (PLEASE PRINT)					IENT TELEPHONE NO.
,	Diagnosis/Signs/Symptoms in	ICD-	CM format in effect at Date	of S	ervice (Highest Specificity Re	quired)	ICD-CM	
$\bar{2}$	BILL: ☐ PRACTICE/FACILITY ☐ PATIENT ☐ MEDICAR	E 🗆	MEDICAID ☐ INSURAI	NCE	□ REFERRAL #		CODE(S):	
¥ V	POLICY/ID#		GROUP #		2 ND INS POLICY/ID#			GROUP #
2	INSURANCE CARRIER				_ INSURANCE CARRIER _			
	CLAIM ADDRESS				CLAIM ADDRESS			
١	CITY STATE		ZIP		_ CITY		STATE	ZIP
1	PATIENT HOSPITAL STATUS ☐ INPATIENT ☐ OUTPAT	TENIT	□ NON PATIENT		INSURED'S NAME		INSUI	RED'S DOB
Ω	TAILENT HOSITIAL STATOS LINIAMIENT L'OUTAI	ILINI	L NON-I AILENI		PATIENT'S RELATIONSH	IIP TO II	nsured: □ spouse □	CHILD OTHER
C	allection Date:		CLINICAL DATA (MUST	BF (OMPLETED IN ORDER		REQUIRED	
	bllection Date:				RINE CYTOLOGY PROFILES)		No.	ne
	ollection Time: AM PM		☐ TCC, Current			Co	ollection Coll	ection \square AM
Sp	ecimen Type				Pate: Dysuria ☐ Dysuria	Da	ate: Time	e: □ PM
	CLINICAL DATA		_		einuria 🗌 Dysuria etes 🔲 UTI			
	PSA ng/ml Free PSA %		Other	Diau	etes 🗆 OTI		ianon 24hr Urine Kit REQUIF	
			T1150 4 0V				I UroStone®Max24 * (Am	may be ordered individually) monia, Calcium, Chloride,
	DRE Finding Normal (T1c) ABNL, Bilateral (T2c)		THERAPY ☐ TURB	⊐в	CC		Citrate, Creatinine, Magnes	sium, Oxalate, pH, ualitative Cystine*, Sodium,
	☐ Suspicious ☐ ABNL, Unilat ≤ 50% lobe (T2a) ☐ Multi Nodules ☐ ABNL, Unilat >50% lobe (T2b)		☐ Thiotepa [$\supset N$	1itomycin		Sulfate, Uric Acid)	, , , , , ,
	Previous Biopsy None Negative		☐ Medication:		<u> </u>	RISK	UroStone®24 * (Calcium Magnesium, Oxalate, pH,	, Citrate, Creatinine, Phosphorus, Qualitative
	☐ Suspicious ☐ Positive		SPECIMEN COLLECTION	N TY	PE		Cystine*, Sodium, Uric Aci UroStone® Uric Acid (U	
	Imaging Method Ultrasound MRI		☐ Voided Urine (Bladd	der)	☐ Catheterized Urine	STONE	UroStone® Calcium (Ca	lcium, Creatinine, pH,
=	Imaging Results ☐ Normal ☐ Abnormal ☐ Suspicious		☐ Post-Cysto Void		☐ Bladder Wash		Sodium) UroStone® Citrate (Citra	ate, Creatinine)
EXa	Other:		☐ Ileal Conduit/NeoBla☐ Renal Wash - Left		r □ Urethral Wash Renal Wash - Right		UroStone® Cystine* (Cro Creatinine Clearance (S	eatinine, Qualitative Cystine*)
o D	THERAPY ☐ TURP ☐ Prostatectomy ☐ Hormone Therapy		☐ Ureter Wash - Left		☐ Ureter Wash - Right		Creatinine)	
OSC	☐ TURP ☐ Prostatectomy ☐ Hormone Therapy ☐ Cryosurgery ☐ Chemotherapy ☐ Radiation		Other				requires serum & urine . Patient Height	•
MICE	Number of Jars Number of Cores	5	MicrocytePLUS® URINE	CYI	TOLOGY PROFILES	Inc	dicate patient diet: Random	
ઠ	TEST REQUEST	CYTOLOGY	□ 994 Hematuria Pro			Sa	erum Chemistry Profiles (Tes	s may be ordered individually)
LOS	☐ Prostate Histology	YTO			Correlating Cytology (by		Hypercalciuria Profile	
ر اا	Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:	E C	concentration technique		ncludes Pap and Feulgen		Acid, Sodium, Potassium, C	hloride, CO ₂ , Creatinine, PTH)
בֿ כ	☐ PTEN IHC ☐ PTEN/ERG IHC	IN IN	Microalbumin, and To		mistry, ß2 Microglobulin, rotein		Stone Serum Profile (Ca Sodium, Potassium, Chloric	alcium, Phosphorus, Uric Acid, de. CO2. Creatinine)
	$\hfill\Box$ Prostate Histology, Rflx to ConfirmMDx $^{\! \otimes}$ on Non-Cancer	MicrocytePLUS®/URINE				Sp	pecimen Obtained:	
	Prostate Histology, Reflex to Genomic Prostate Score® on	JIU.	☐ VU1D Bladder Cancer Pathodiagnostic Profile		H/Cytology	SIS	☐ Spontaneously Passed ☐	Lithotripsy
	Gleason: ☐ All ☐ 3+3 or 3+4 ☐ 4+3 or higher (excluding GG5)	ytel	Bladder Cancer FISH Assa	ay and	d Cytology (Pap and Feulgen	STONE ANALYSIS	☐ Surgically Removed	
	Patient has Life Expectancy of ≥ 10 years? ☐ Yes ☐ No	croc	stains); including integrate		tomolecular diagnostic elation by pathologist (MD)	₹ Sp	pecimen Type:	
	☐ Bladder Histology Biopsy	Ä	interpretation with clinical	COII	eiauon by pautologist (MD)		□ Bladder □ Kidney □ C	Other:
	☐ Bladder Histology TUR		□ VU3 Cytology Plus				EST REQUEST: ☐ Stone Analysis, Urinary Trac	et Calculus 82355/82365
	☐ Vas Deferens (Sterilization) Histology		Cytology (Pap and Feu	ulgen	r stains)		4 Hour Urine Chemistries	
	Consultation (Send Path Report):				FISH Reflex/Cytology		Ammonia 82140	□ pH 83986
	Other Histology:		Pathodiagnostic Pro Cytology (Pap and Feu] Calcium 82340] Chloride 82436	☐ Phosphorus 84105 ☐ Potassium 84133
	Other Fristology.		Bladder Cancer FISH (Citrate 82507 Creatinine 82570	☐ Sodium 84300 ☐ Sulfate 84392
			atypical cytology resul	lts			Cystine, Qual* 82127	☐ Total Protein 84156
	168 PSA (Total) @% 84153		INDIVIDUAL TESTS:] Magnesium 83735] Oxalate 83945	☐ Uric Acid 84560
	167 PSA/Reflex Free PSA F/T ratio for TPSA 2-10 ng/mL		☐ K600D Bladder Cance	er FIS	6H (Pathologist review) ‡	C	hemistries	
	@% 84153, reflex adds 84154		☐ VU6 Pap Stain (only) Cy		gy ‡		Albumin 82040 Alk Phosphatase 84075	☐ CO2 82374 ☐ Creatinine 82565
	X6859		☐ 974 ß2 Microglobulin • ☐ 976 Total Protein ❖	*			ALT-SGPT 84460	☐ Glucose @% 82947
ES	2173 PSA (Total) Annual Screen @% 84153/G0103		☐ 976 Iotal Protein ❖				AST-SGOT 84450 Bilirubin, Total 82247	☐ HDL @% 83718 ☐ Magnesium 83735
D N	120		☐ FNA (Fine Needle Aspir	ratior	n) Site:	₹ □	BUN 84520 BUN/Creatinine	☐ Phosphorus 84100 ☐ Potassium 84132
O Z	133 🔲 Beta HCG @% 84702		# Bladder Cancer FISH/I In	rine (Cytology Kit (Alcohol Fixative)	5	84520, 82565	☐ PTH 83970
L /2	146 FSH (Follicle Stimulating Hormone) 83001				, 0,] Calcium 82310] CBC/Plt @ 85027	☐ Sodium 84295 ☐ Total Protein 84155
NEK	144		See reverse for collection		· ·		CBC/Plt & Diff @ 85025 Chloride 82435	☐ Triglyceride @% 84478 ☐ Uric Acid 84550
MAK	143 Prolactin 84146						Cholesterol @% 82465	- OHE ACID 04330
Š	004515	STS				Pa	anels (components on bac	ck)
_	177 Testosterone (Total) 84403	L TES					Basic Metabolic Panel Comprehensive Metabolic	Panal
	178 Testosterone (Free) 84402	ONA					Electrolyte Panel	anCl
	X7877 Testosterone, Total, Free, and Percent Free	DIT					Hepatic Function Panel Lipid Panel @%	
	84403 84402	AL					Renal Function Panel	

t Separately billable stains may be added by pathologist when medically necessary to render a diagnosis. *Quantitative Cystine (82131) performed on positive Qualitative Cystine at additional charge. 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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WHITE-DIANON CANARY-PHYSICIAN



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/profile 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 combinations/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.

AMA PANEL COMPONENTS

Basic Metabolic 80048 - BUN, Calcium, Chloride, CO2 (Carbon Dioxide), Creatinine, Glucose, Potassium, Sodium

Comprehensive Metabolic 80053 - Albumin, Alkaline Phosphatase, ALT-SGPT, AST-SGOT, Bilirubin (Total), BUN, Calcium, Chloride, CO2 (Carbon Dioxide), Creatinine, Glucose, Potassium, Sodium, Total Protections (Control of the Control of the Cont

Electrolyte 80051 - Chloride, CO2 (Carbon Dioxide), Potassium, Sodium

Hepatic Function 80076 - Albumin, Alkaline Phosphatase, ALT-SGPT, AST-SGOT, Bilirubin (Direct), Bilirubin (Total), Total Protein
Lipid 80061 - Cholesterol, HDL, LDL (Calculated), Triglyceride

Renal Function 80069 - Albumin, BUN, Calcium, Chloride, CO2 (Carbon Dioxide), Creatinine, Glucose, Phosphorus, Potassium, Sodium

TUBE AND SPECIMEN TRANSPORTATION REQUIREMENTS											
TEST	TUBE	CPT	SPECIMEN	TEST	TUBE	CPT	SPECIMEN	TEST	TUBE	CPT	SPECIMEN
AFP	(SST)	82105	(S,R)	Comprehensive Metabolic Panel	(SST)	80053	(S,R)	Prolactin	(SST)	84146	(S,R)
Albumin	(SST)	82040	(S,R)	Creatinine	(SST)	82565	(S,R)	PSA	(SST)	84153	(S,R)
ALT	(SST)	84460	(S,R)	Creatinine Clearance	(Urine+SST)	82575	(U,S,R)	PSA, Free	(SST)	84154	(S,R)
Alkaline Phosphatase	(SST)	84075	(S,R)	Direct Bilirubin	(SST)	82248	(S,R)	PTH ♦	(SST)	83970	(S,R)
AST	(SST)	84450	(S,R)	Electrolyte Panel	(SST)	80051	(S,R)	Renal Function Panel	(SST)	80069	(S,R)
Basic Metabolic Panel	(SST)	80048	(S,R)	FSH	(SST)	83001	(S,R)	Sodium	(SST)	84295	(S,R)
Beta HCG	(SST)	84702	(S,R)	Glucose	(SST)	82947	(S,R)	Testosterone	(SST)	84403	(S,R)
BUN	(SST)	84520	(S,R)	Hepatic Function Panel	(SST)	80076	(S,R)	Total Bilirubin	(SST)	82247	(S,R)
Calcium	(SST)	82310	(S,R)	HDL	(SST)	83718	(S,R)	Total Protein	(SST)	84155	(S,R)
CBC with Plt	(LT)	85027	(WB,R)	LH	(SST)	83002	(S,R)	Triglycerides	(SST)	84478	(S,R)
CBC with Plt & Diff	(LT)	85025	(WB,R)	Lipid Panel	(SST)	80061	(S,R)	TSH	(SST)	84443	(S,R)
Chloride	(SST)	82435	(S,R)	Magnesium	(SST)	83735	(S,R)	Unbound Testosterone	(SST)	84402	(S,R)
Cholesterol	(SST)	82465	(S,R)	Phosphorus	(SST)	84100	(S,R)	Uric Acid	(SST)	84550	(S,R)
CO_2	(SST)	82374	(S,R)	Potassium	(SST)	84132	(S,R)				

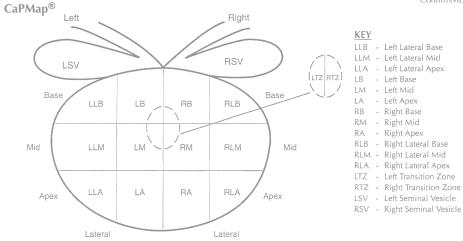
TUBE REQUIREMENTS: SST-Serum Separator Tube LT-Lavender Top

SPECIMEN REQUIREMENTS: F-Frozen S-Serum R-Refrigerate U-Urine WB-Whole Blood ♦ Must be processed within 48 hours of collection if not received frozen

Microcy	tePLUS®/Urine Cytology Urine Collection Metho	od and CPT Codes									
994	Hematuria Profile - Urine Cytology	Voided, Catheterized, Post-Cysto Void	88108, 88313, 81003, 82232, 82043, 84156								
	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 stains], Urine Dipstick Chemistry, B-2 Microglobulin, Microalbumin, and Total Protein).										
974	β2 Microglobulin	Voided, Catheterized, Post-Cysto Void	82232								
976	Total Protein	Voided, Catheterized, Post-Cysto Void	84156								
977	Microalbumin	Voided, Catheterized, Post-Cysto Void	82043								
VU1D	Bladder Cancer FISH/Cytology Pathodiagnostic Profile	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88112, 88120								
	Bladder Cancer FISH, including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD).										
VU4D	Bladder Cancer FISH Reflex/Cytology Pathodiagnostic	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88112; if reflexed, 88120								
		TCC and for initial diagnosis of patients presenting with hematuria with sus integrated cytomolecular diagnostic interpretation with clinical correlation.	picion of TCC: Bladder Cancer FISH and Cytology (Pap and Feulgen stains),								
VU3	Cytology Plus Monitoring Profile (Pap and Feulgen stains)	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Renal Wash, Ureter Wash, Ileal Conduit/Neobladder	88112								
VU6	Cytology Pap Stain Only	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Renal Wash, Ureter Wash, Ileal Conduit/Neobladder	88112								
K600D	Bladder Cancer FISH Pathodiagnostic	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88120								

Bladder Cancer FISH will not be performed on Ileal Conduit/Neobladder urine specimens.

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RTZ - Right Transition Zone

(1376) REV. 12/18/2024

Determining Necessity of Advance Beneficiary Notice of Non-coverage (ABN) Completion*

- Diagnose. Determine your patient's diagnosis.
 Document. Write the diagnosis code(s) on the front of the requisition.
- 3. Verify. Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.Labcorp.com/MedicareMedicalNecessity.
- 4. Review. If the diagnosis code for your patient does not meet the medical necessity requirements set forth by Medicare or the test(s) is being performed more frequently than Medicare allows, an ABN should be completed.

*An ABN should be completed for all tests that are considered investigational (experimental or for research use) by Medicare.

Medicare is very specific in requiring that all of the information included on the ABN be completed. Additionally, Labcorp requests that the specimen number or bar code label be included on the form. To be valid an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131).

2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white and blue Medicare card.

- Indicate the test(s)/procedure(s) which may be denied within the relevant reason column.
- Include an estimated cost for the test(s)/procedure(s) subject to the ABN. Have 'Option 1', 'Option 2', or 'Option 3' designated by the beneficiary.
- Be signed <u>and</u> dated by the beneficiary or his/her representative <u>prior to</u> the service being rendered.

Symbols used to designate Medicare medical review as of $\underline{10/01/2024}$

@ = Subject to Medicare medical necessity guidelines.

% = Subject to Medicare frequency guidelines.
= Medicare deems investigational. Medicare does not pay for services it deems investigational.

WHITE-DIANON CANARY-PHYSICIAN