

Testing will be performed at a
Labcorp laboratory, including
formerly branded Dianon Pathology.

ACCOUNT INFORMATION: ACCOUNT NO., TELEPHONE NO., ACCOUNT NAME AND ADDRESS.
PATIENT INFORMATION: CHART NUMBER, PATIENT D.O.B., PATIENT LAST NAME, FIRST NAME, M.I., STREET ADDRESS, CITY, STATE, ZIP CODE, SEX, RACE, MRN / PATIENT ID #, PATIENT TELEPHONE NO.
BILLING INFORMATION: Diagnosis/Signs/Symptoms in ICD-CM format, BILL: PRACTICE/FACILITY, PATIENT, MEDICARE, MEDICAID, INSURANCE, REFERRAL #, POLICY/ID#, GROUP #, 2ND INS POLICY/ID#, GROUP #, INSURANCE CARRIER, CLAIM ADDRESS, CITY, STATE, ZIP, PATIENT HOSPITAL STATUS, INSURED'S NAME, INSURED'S DOB, PATIENT'S RELATIONSHIP TO INSURED.

Collection Date:
Collection Time: AM PM
Specimen Type

CLINICAL DATA: PSA, Free PSA, DRE Finding, Previous Biopsy, Imaging Method, Imaging Results, THERAPY: TURP, Prostatectomy, Hormone Therapy, CRYOSURGERY, Chemotherapy, Radiation, TEST REQUEST: Prostate Histology, PTEN IHC, Prostate Histology, Rfx to ConfirmMDx, Prostate Histology, Reflex to Genomic Prostate Score, Patient has Life Expectancy of >= 10 years?

BIOMARKERS/HORMONES: 168 PSA (Total) @% 84153, 167 PSA/Reflex Free PSA F/T ratio for TPSA 2-10 ng/mL @% 84153, reflex adds 84154, X6859 PSA and Free PSA F/T ratio @% 84153, 84154, 2173 PSA (Total) Annual Screen @% 84153/G0103, 120 AFP @ 82105, 133 Beta HCG @% 84702, 146 FSH (Follicle Stimulating Hormone) 83001, 144 LH (Luteinizing Hormone) 83002, 143 Prolactin 84146, 004515 Estradiol 82670, 177 Testosterone (Total) 84403, 178 Testosterone (Free) 84402, X7877 Testosterone, Total, Free, and Percent Free 84403, 84402

CLINICAL DATA (MUST BE COMPLETED IN ORDER TO RUN MicrocytePLUS URINE CYTOLOGY PROFILES): TCC, Current, TCC, History, Hematuria, Proteinuria, Dysuria, Cystitis, Diabetes, UTI, Other

THERAPY: TURB, Thiotepa, Mitomycin, Medication: BCG

SPECIMEN COLLECTION TYPE: Voided Urine (Bladder), Catheterized Urine, Post-Cysto Void, Bladder Wash, Ileal Conduit/NeoBladder, Urethral Wash, Renal Wash - Left, Renal Wash - Right, Ureter Wash - Left, Ureter Wash - Right, Other

MicrocytePLUS URINE CYTOLOGY PROFILES: 994 Hematuria Profile, Cyodiagnostic Urinalysis Correlating Cytology (by concentration technique, includes Pap and Feulgen stains), Urine Dipstick Chemistry, I22 Microglobulin, Microalbumin, and Total Protein

VU1D Bladder Cancer FISH/Cytology Pathodiagnostic Profile, Bladder Cancer FISH Assay and Cytology (Pap and Feulgen stains); including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD)

VU3 Cytology Plus Monitoring Profile, Cytology (Pap and Feulgen stains)

VU4D Bladder Cancer FISH Reflex/Cytology Pathodiagnostic Profile, Cytology (Pap and Feulgen stains), reflex to Bladder Cancer FISH (Pathologist review) on atypical cytology results

INDIVIDUAL TESTS: K600D Bladder Cancer FISH (Pathologist review), VU6 Pap Stain (only) Cytology, 974 I22 Microglobulin, 976 Total Protein, 977 Microalbumin, FNA (Fine Needle Aspiration) Site

Bladder Cancer FISH/Urine Cytology Kit (Alcohol Fixative), Urine Cytopathology Kit (Tablet Preservative)

See reverse for collection methods and CPT codes

ADDITIONAL TESTS

REQUIRED: 24 Hour Urine Total Volume, Collection Date, Collection Time, Specimen Type, Dianon 24hr Urine Kit REQUIRED

Urine Chemistry Profiles (Tests may be ordered individually): UroStone Max24, UroStone 24, UroStone Uric Acid, UroStone Calcium, UroStone Citrate, UroStone Cystine, Creatinine Clearance, requires serum & urine specimens and Patient Height, Weight, Indicate patient diet: Random diet, Ca/Na Restricted Diet

Serum Chemistry Profiles (Tests may be ordered individually): Hypercalcemia Profile, Stone Serum Profile

Specimen Obtained: Spontaneously Passed, Lithotripsy, Surgically Removed

Specimen Type: Bladder, Kidney, Other

TEST REQUEST: Stone Analysis, Urinary Tract Calculus 82355/82365

24 Hour Urine Chemistries (URINE ONLY): Ammonia, Calcium, Chloride, Citrate, Creatinine, Magnesium, Oxalate, pH, Phosphorus, Potassium, Qualitative Cystine, Sodium, Sulfate, Uric Acid

Chemistries: Albumin, Alk Phosphatase, ALT-SGPT, AST-SGOT, Bilirubin, BUN, BUN/Creatinine, Calcium, CBC/Plt, CBC/Plt & Diff, Chloride, Cholesterol, CO2, Creatinine, Glucose, HDL, Magnesium, Phosphorus, Potassium, PTH, Sodium, Total Protein, Triglyceride, Uric Acid

Panels (components on back): Basic Metabolic Panel, Comprehensive Metabolic Panel, Electrolyte Panel, Hepatic Function Panel, Lipid Panel, Renal Function Panel

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

*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.
© 2025 Laboratory Corporation of America Holdings. All rights reserved. Dianon Systems, Inc., is a subsidiary of Laboratory Corporation of America Holdings, using the brand Labcorp.
(1376) REV. 04/25/2025 WHITE-DIANON CANARY-PHYSICIAN

1A, 1B, 1C, 1D, 1E, Item#: 0050170 Form#: 1376 Dianon Urology w/ Bar Codes, 8610035305

Testing will be performed at a Labcorp laboratory, including formerly branded Dianon Pathology.

ACCOUNT INFORMATION, PATIENT INFORMATION, BILLING INFORMATION. Includes fields for account number, patient name, address, insurance, and diagnosis.

Collection Date, Collection Time, Specimen Type

CLINICAL DATA, THERAPY, TEST REQUEST. Includes PSA, DRE Finding, Previous Biopsy, and various test request checkboxes.

BIOMARKERS/HORMONES. Lists various tests such as PSA, AFP, Beta HCG, FSH, LH, Prolactin, Estradiol, Testosterone.

CLINICAL DATA (MUST BE COMPLETED IN ORDER TO RUN MicrocytePLUS URINE CYTOLOGY PROFILES). Includes TCC, Hematuria, Cystitis, etc.

THERAPY. Includes TURB, Thiotepa, Medication, BCG, Mitomycin.

SPECIMEN COLLECTION TYPE. Includes Voided Urine, Post-Cysto Void, Ileal Conduit, etc.

MicrocytePLUS URINE CYTOLOGY PROFILES. Includes 994 Hematuria Profile, VU1D Bladder Cancer FISH/Cytology.

VU3 Cytology Plus Monitoring Profile, VU4D Bladder Cancer FISH Reflex/Cytology.

INDIVIDUAL TESTS. Includes K600D Bladder Cancer FISH, VU6 Pap Stain, 974 B2 Microglobulin, etc.

ADDITIONAL TESTS. Includes Bladder Cancer FISH/Urine Cytology Kit, Urine Cytopathology Kit.

REQUIRED. 24 Hour Urine Total Volume, Collection Date/Time, Specimen Type.

STONE RISK. UroStones (Max24, 24, Uric Acid, Calcium, Citrate, Cystine, Creatinine Clearance), Serum Chemistry Profiles.

Specimen Obtained, Specimen Type, TEST REQUEST: Stone Analysis, Urinary Tract Calculus.

24 Hour Urine Chemistries (URINE ONLY). Lists various chemical tests like Ammonia, Calcium, Chloride, etc.

CHEMISTRY. Lists various blood chemistry tests like Albumin, Alk Phosphatase, ALT-SGPT, etc.

Panels (components on back). Includes Basic Metabolic Panel, Comprehensive Metabolic Panel, etc.

* 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.

Item#: 0050170 Form#: 1376 Dianon Urology w/ Bar Codes

8610035305

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/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, CO ₂ (Carbon Dioxide), Creatinine, Glucose, Potassium, Sodium
Comprehensive Metabolic 80053 - Albumin, Alkaline Phosphatase, ALT-SGPT, AST-SGOT, Bilirubin (Total), BUN, Calcium, Chloride, CO ₂ (Carbon Dioxide), Creatinine, Glucose, Potassium, Sodium, Total Protein
Electrolyte 80051 - Chloride, CO ₂ (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, CO ₂ (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)				

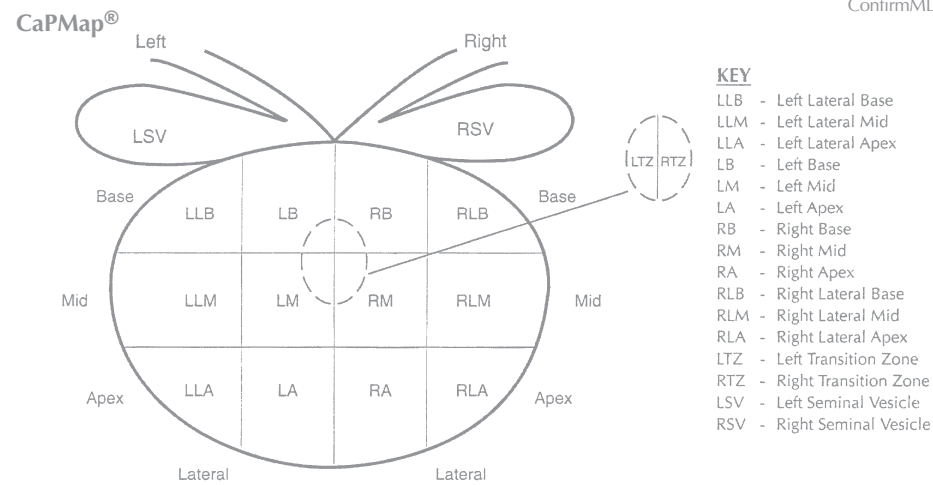
TUBE REQUIREMENTS: SST-Serum Separator Tube LT-Lavender Top

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

MicrocytePLUS®/Urine Cytology Urine Collection Method 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	β ₂ Microglobulin	Voided, Catheterized, Post–Cysto Void	82232
976	Total Protein	Voided, Catheterized, Post–Cysto Void	84156
977	Microalbumin	Voided, Catheterized, Post–Cysto Void	82043
VUID	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
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 stains), FISH and cytology read by pathologist (MD). Includes integrated cytomolecular diagnostic interpretation with clinical correlation.			
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.

ConfirmMDx and GPS test performed and billed by MDxHealth® at Irvine, CA. ConfirmMDx® and Genomic Prostate Score® are registered trademarks of MDxHealth SA.



(1376) REV. 04/25/2025

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

- 1. Diagnose.** Determine your patient's diagnosis.
- 2. 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.

How to Complete an Advance Beneficiary Notice of Non-coverage (ABN)

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:

- Be executed on the CMS approved ABN form (CMS-R-131).
- 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 **and** dated by the beneficiary or his/her representative **prior to** the service being rendered.

Symbols used to designate Medicare medical review as of 04/01/2025

- @ = Subject to Medicare medical necessity guidelines.
- % = Subject to Medicare frequency guidelines.
- # = Medicare deems investigational. Medicare does not pay for services it deems investigational.