

### REQUIRED ITEMS

1. Clinical Information      2. ICD 10 Codes      3. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information)      4. Provider's Signature

### PATIENT INFORMATION

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 DOB MM / DD / YYYY Gender:  Male  Female  Other \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Patient ID \_\_\_\_\_

### PROVIDER INFORMATION

Authorized Provider Signature \_\_\_\_\_ Date MM DD YYYY \_\_\_\_\_  
 Please Fax Duplicate Report to Additional Provider Fax \_\_\_\_\_

### BILLING INFORMATION

Bill to:  Insurance  Medicare  Referring Facility (Hospital/Client)  Split Billing - Client (TC) and Insurance (PC)  Patient  
 Patient Status:  Inpatient (Hospital)  Outpatient (Hospital)  Non-Hospital  ASC Prior Authorization # \_\_\_\_\_

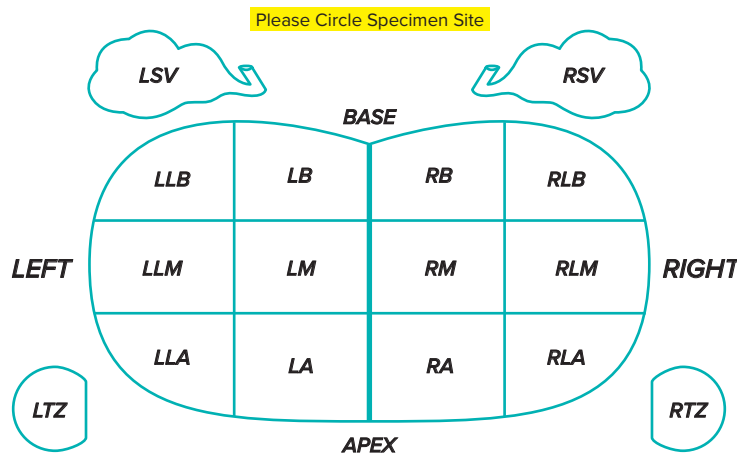
### SPECIMEN INFORMATION (FOR MORE TESTING INFORMATION, VISIT COREPATH.US)

Date Collected MM / DD / YYYY Time Collected : AM PM Specimen ID \_\_\_\_\_  
 Date Retrieved MM / DD / YYYY Date Discharged MM / DD / YYYY Other \_\_\_\_\_

### PROSTATE INFORMATION

**PROSTATE (ICD-10 CODES)**  
 Prostate Jars #  
 Prostate Nodule D40.0  
 History of Prostate Cancer Z85.46/C61  
 Elevated PSA R97.2  
 Pre-Biopsy PSA Result\*  
 Other \_\_\_\_\_  
**DRE (FOR CLINICAL STAGE INFO IF BIOPSY IS POSITIVE)\***  
 Normal (T1c)  
 Abnormal, Bilateral (T2c)  
 Abnormal, Unilateral ≤ 50% of lobe (T2a)  
 Abnormal, Unilateral > 50% of lobe (T2b)  
 Prior Biopsy Findings \_\_\_\_\_

### PROSTATE DIAGRAM



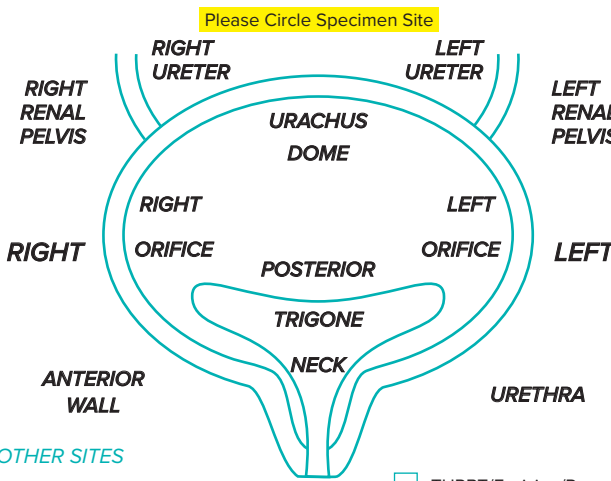
### PROSTATE PRIOR TREATMENT

Hormone Therapy  
 Radiation  
 Cryosurgery  
 Age at Diagnosis \_\_\_\_\_  
**PROSTATE TEST REQUIRED**  
 Diagnostic Prostate Biopsy  
 TURP  
 Saturation Biopsy  
 Prognostic Panel for Localized Prostate Cancer  
 PTEN/ERG (FISH)  
 OncotypeDX®  
 Other \_\_\_\_\_

### BLADDER INFORMATION

**BLADDER, URINE CYTOLOGY, FISH (ICD-10 CODES)**  
 Urine  
 Bladder Biopsy Jars #  
 Hematuria R319  
 Cystitis N30.90 with Hematuria  
 Cystitis N30.91 without Hematuria  
 Other \_\_\_\_\_  
 Prior Biopsy Findings \_\_\_\_\_  
 Thiotepa/Mitomycin  Radiation  
 BCG  
 Cystoscopy Findings \_\_\_\_\_

### BLADDER DIAGRAM



### OTHER

**SECOND OPINION**  
 Blocks \_\_\_\_\_  Slides \_\_\_\_\_  
**KIDNEY** (  LEFT /  RIGHT )  
 Mass Biopsy  Mass FNA  
**TESTIS/EPIDIDYMSIS**  
 Right Mass  Left Mass  
 Infertility  Other \_\_\_\_\_  
**VAS DEFERENS** (  LEFT /  RIGHT )  
**SKIN, Clinical Findings**  
 Penis  Scrotum  
 Other \_\_\_\_\_  
**SPECIAL REQUESTS**  
 Stone Analysis, Site: \_\_\_\_\_  
 PCA3  
**OTHER** \_\_\_\_\_

### BLADDER TEST REQUIRED

UroVysion™ FISH Only  
 Cytology with UroVysion™  
 Cytology with Reflex to UroVysion™  
 Other \_\_\_\_\_

### COLLECTION METHOD

Voided Urine  Post-Cystoscopy Urine  Upper Tract (Left)  
 Bladder Wash  Ileal Conduit/Neobladder  Upper Tract (Right)  
 Catheterized Urine  Other \_\_\_\_\_

### Requisition Completed by

### LABORATORY USE ONLY

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## PREFERRED SPECIMEN REQUIREMENTS

Specimen Type	Bone Marrow Morphology	Flow Cytometry	Routine Chromosome Analysis <sup>1</sup>	FISH <sup>1</sup>	PCR <sup>1</sup>	NGS	IHC/Immunostains
Peripheral Blood <sup>2</sup>	Two (2) smears/slides	2 mL sodium heparin <sup>4</sup> or EDTA <sup>3</sup>	5 mL sodium heparin <sup>4</sup> preferred, EDTA <sup>3</sup> acceptable	5 mL sodium heparin <sup>4</sup> preferred, EDTA <sup>3</sup> acceptable	4 mL EDTA <sup>3</sup>	5 mL EDTA <sup>3</sup> <b>Liquid Biopsy:</b> 10 mL minimum EDTA <sup>3</sup> or 30-50 ng/μl DNA/RNA in microfuge tube	N/A
Bone Marrow Aspirate	Five (5) smears/slides	2 mL EDTA <sup>3</sup> preferred, sodium heparin <sup>4</sup> acceptable	1-2 mL sodium heparin <sup>4</sup> preferred, EDTA <sup>3</sup> acceptable	1-2 mL sodium heparin <sup>4</sup> preferred, EDTA <sup>3</sup> acceptable	2 mL EDTA <sup>3</sup>	2 mL EDTA <sup>3</sup>	N/A
Bone Marrow Clot	2 mL clot (volume) in 10% NBF*. Two (2) touch prints.	N/A					N/A
Bone Marrow Core Biopsy & Touch Imprints	1 cm core (length) in 10% NBF*. Five (5) touch prints.	1-2 cm core (length) in RPMI	1-2 cm core (length) in RPMI	0.5 cm core (length) in RPMI	1-2 cm core (length) in RPMI	1-2 cm core (length) in RPMI	N/A
Lymph Node/Tissue (Fresh)	N/A	0.5 cm <sup>3</sup> in RPMI. Other fixatives not acceptable.			0.5 cm <sup>3</sup> in RNA fixative or 10% NBF*	0.5 cm <sup>3</sup> tissue in normal saline	FFPE tissue block preferred. 0.5 cm <sup>3</sup> in 10% NBF*.
Formalin Fixed Paraffin Embedded (FFPE) Block or Cut Slides	N/A	N/A	N/A	FFPE tissue block preferred. One (1) H&E stained slide and five (5) unstained slides.	FFPE tissue block preferred <sup>5</sup> . One (1) H&E stained slide and five (5) unstained slides.	One (1) H&E stained slide and six (6) to eight (8) unstained slides.	Four (4) to five (5) micron thick tissue sections on positively charged slides. Provide at least three (3) slides per requested antibody.
Fine Needle Aspirate (FNA)	N/A	RPMI				RPMI/Cell block	Cell block
Body Fluids	N/A	<b>CSF:</b> 5 mL in sterile container <b>Pleural:</b> 20 mL in ratio of 1 mL sodium heparin or ACD to 100 mL fluid				5 mL fluid/Cell block	Cell block

\*NBF = Neutral Buffered Formalin

<sup>1</sup> Decalcified samples not acceptable | <sup>2</sup> Please provide copy of CBC if available | <sup>3</sup> EDTA = Lavender Top | <sup>4</sup> Sodium Heparin = Green Top | <sup>5</sup> Only for some tests; contact us for details or go to www.corepath.us

## TEST NOTATIONS

OncotypeDX® is a registered trademark of Exact Sciences Corporation.

## PROSTATE DIAGRAM ABBREVIATIONS

**LSV:** Left seminal vesicle  
**RSV:** Right seminal vesicle  
**LTZ:** Left transition zone  
**RTZ:** Right transition zone

**LLB:** Left lateral base  
**LB:** Left base  
**LLM:** Left lateral mid  
**LLA:** Left lateral apex

**LM:** Left mid  
**LA:** Left apex  
**RB:** Right base  
**RLB:** Right lateral base

**RM:** Right mid  
**RLM:** Right lateral mid  
**RA:** Right apex  
**RLA:** Right lateral apex

## SPECIMEN HANDLING AND TRANSPORTATION

**Storage & Transport:** Specimens should be received at CorePath within 72 hours from collection to ensure sample integrity and acceptable cell viability. Ship same day as drawn whenever possible. Peripheral blood and bone marrow should be shipped at room temperature. In hot weather, use cold pack for transport, making sure cold pack is not in direct contact with specimen. Body fluids and tissue should be shipped at 4°C.

**Schedule a Pick-Up:** Call CorePath Laboratories at 1.877.617.4445 to schedule a pick-up. In the San Antonio area, call 210.617.4445 to schedule a courier pick-up.

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**FOR MORE INFORMATION ON TESTING,  
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