

REQUIRED ITEMS

- Clinical Information
- ICD 10 Codes
- Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information)
- Provider's Signature

PATIENT INFORMATION

Last Name _____
 First Name _____ M.I. _____
 DOB ____/____/____ Gender: Male Female Other _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Patient ID _____

PROVIDER INFORMATION

Authorized Signature _____ Date _____
 Please Fax Duplicate Report to 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 # _____

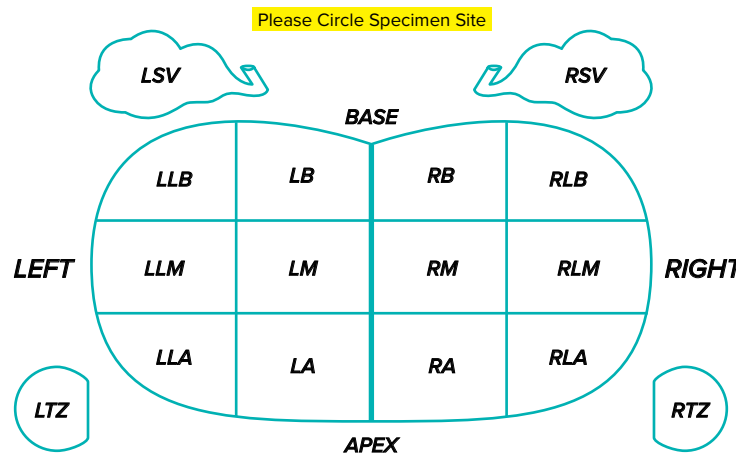
SPECIMEN INFORMATION

Date Collected ____/____/____ Time Collected ____:____ AM PM Specimen ID _____
 Date Retrieved ____/____/____ Date Discharged ____/____/____ 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 _____

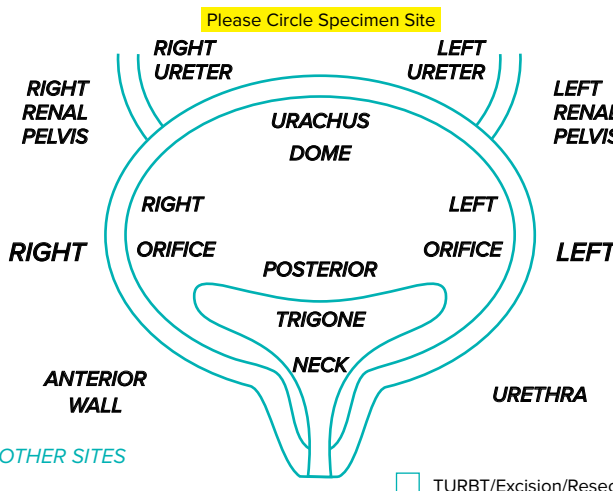
PROSTATE TEST REQUIRED

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/EPIDIDYMS
 Right Mass Left Mass
 Infertility Other _____
VAS DEFERENS (LEFT / RIGHT)
SKIN, Clinical Findings _____
 Penis Scrotum
 Other _____
SPECIAL REQUESTS
 Stone Analysis, Site: _____
 PCA3
OTHER _____
LABORATORY USE ONLY

BLADDER TEST REQUIRED

Urine Cytology
 Cytology with reflex to Bladder Cancer FISH if cytology is atypical/suspicious
 Required: R31, _____ or Z85.5 _____
 Bladder Cancer FISH
 Other _____

COLLECTION METHOD

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

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: All specimens should be stored at room temperature.

Transportation: Please fill out the requisition form completely and place all specimens in a CorePath shipping kit using the pre-printed air bills supplied by CorePath.

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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