

**Urology Test Requisition Form**

**Ordering Physician/Laboratory**  
(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Physician to receive additional result report: \_\_\_\_\_

**Patient Information (Please Print)**  
Name (Last, First) (Required): \_\_\_\_\_  
In Care of: \_\_\_\_\_  
Patient Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Gender (Required):  Female  Male Date of Birth (Required): \_\_\_\_\_  
Patient SS# (Required): \_\_\_\_\_ Patient ID#: \_\_\_\_\_  
Phone Number (Required): \_\_\_\_\_ Email: \_\_\_\_\_

**Billing Information (Please include a copy of the front & back of card.)**  
 Patient Billing  Insurance Billing  Path Lab/Hospital  Physician Account  
Diagnosis Codes (Required): Please provide ALL applicable codes. Refer to the back of this form for ICD-10 code examples.  
Relation (Required):  Self  Spouse  Dependant  
Primary Insurance Carrier: \_\_\_\_\_  
Insured's Name (if not patient): \_\_\_\_\_  
Insured's SS#: \_\_\_\_\_ Insured's DOB: \_\_\_\_\_  
Claims Address: \_\_\_\_\_  
Medicare, Medicaid or Policy ID#: \_\_\_\_\_  
Employer/Group Name: \_\_\_\_\_ Group#: \_\_\_\_\_

**Prostate-related Clinical Information (Necessary for accurate test interpretation)**  
**Patient History (One selection required)**  
 Confirmed PSA ≥ 3.0 ng/ml  
 Confirmed persistent significant rise in PSA  
 Confirmed very suspicious DRE  
 Other (please specify): \_\_\_\_\_  
**Biopsy History:**  
 No prior biopsy  
 Yes, negative  
 Yes, positive (4Kscore test will not be performed with a positive biopsy result)  
**DRE Results:**  
 Nodule  No Nodule  Not performed

**Prostate Information**  
Clinical Stage:  T1c  T2a  T2b  T2c  T3  
Last Total PSA: \_\_\_\_\_ ng/mL on \_\_\_/\_\_\_/\_\_\_ Last % Free PSA: \_\_\_\_\_  
PSA Trend:  Increasing  Stable  
Previous 4Kscore: \_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_  
Previous Biopsy:  None  Negative  Atypical  Positive  
Digital Rectal Exam:  Suspicious  Non-suspicious  
MpMRI:  PIRAD Level \_\_\_\_\_  Other (please specify): \_\_\_\_\_  
Treatment:  Prostatectomy  Radiation  Cryotherapy  Chemotherapy  
 Hormones  TURP  Active Surveillance  None

**Prostate Biopsy Information**  
Date Collected (Req.): \_\_\_\_\_ Time Collected: \_\_\_\_\_ Collector Signature: \_\_\_\_\_ No. vials collected: \_\_\_\_\_  
Please indicate individual specimens(s) below:

With Interpretation:  Other (please specify): \_\_\_\_\_  
 Prostate Biopsy - # of jars: \_\_\_\_\_  
 Bladder Biopsy - # of jars: \_\_\_\_\_  
5620-0  VAS Deferens/X2

**Bladder Biopsy Information**  
Date Collected (Req.): \_\_\_\_\_ Time Collected: \_\_\_\_\_ Collector Signature: \_\_\_\_\_ No. vials collected: \_\_\_\_\_

**Bladder-related Clinical Information (Necessary for accurate test interpretation)**  
**Patient History:** Date of Diagnosis: \_\_\_/\_\_\_/\_\_\_  
 Small-cell carcinoma  Adenocarcinoma  Prostate Cancer  Squamous cell carcinoma  
 Low-grade urothelial carcinoma  High-grade urothelial carcinoma  Carcinoma *in-situ*  
 Hematuria  Dysuria  Papilloma  Other (please, specify): \_\_\_\_\_  
**Treatment:**  None  Resection  Chemotherapy  
 Radiation  BCG  Other (please specify): \_\_\_\_\_

**Urologic Specimen Information**  
Date Collected (Required): \_\_\_\_\_ Specimen Source:  Voided Urine  Catheterization (Urine)  
 Bladder Washing  Ileal Conduit  Brushing  Ureter

**Urine Test Selection**  
**CYTOLOGY - Urine Specimens Only Required:**  Fresh Specimen  Fixed  
1603  Urine Cytology  
1702  UroVysion® - Bladder Cancer (FISH), voided urine  
1604  Comprehensive Urine Pathology (Urine Cytology and UroVysion®)  
(If Urine Cytology is atypical or above, reflex to 1702)

**SEXUALLY TRANSMITTED INFECTIONS UroSwab® - Urine Specimens Only**  
Testing by Real-Time PCR unless otherwise specified. To order panel components individually, select tests beneath the panel.  
191  Sexually Transmitted Disease (STD) Screen by Real-Time PCR  
121  Leukorrhea Panel (*N. gonorrhoeae*, *C. trachomatis*\*\**, T. vaginalis*)  
105  *Chlamydia trachomatis* (\*\*Reflex to azithromycin resistance by Pyrosequencing)  
167  *Neisseria gonorrhoeae*  
111  *Trichomonas vaginalis* (Reflex to metronidazole resistance)  
129  *Mycoplasma genitalium* (Reflex to azithromycin & fluoroquinolone resistance by Pyrosequencing)  
130  *Mycoplasma hominis*  
320  *Ureaplasma urealyticum* (\*Reflex to fluoroquinolone resistance by Pyrosequencing)

**URINARY TRACT INFECTIONS UroSwab® - Urine Specimens Only**  
176  Urinary Pathogens & Antibiotic Resistance [*E. coli*, *K. oxytoca*, *K. pneumoniae*, *P. mirabilis*: amoxicillin-clavulanic acid, cefazolin, trimethoprim-sulfamethoxazole, nitrofurantoin, ciprofloxacin, fosfomicin. *P. aeruginosa*: cefepime, piperacillin-tazobactam, ciprofloxacin, imipenem, aztreonam, gentamicin. *E. faecalis*, *E. faecium*: ampicillin, nitrofurantoin, ciprofloxacin, fosfomicin, doxycycline, linezolid]\*\*\* (141, 153, 154, 727, 728 146 or 174 Req. When panel is ordered and individual tests below are not selected, all 7 will be performed and billed)  
141  *Escherichia coli* 728  *Klebsiella pneumoniae*  
153  *Enterococcus faecalis* 146  *Proteus mirabilis*  
154  *Enterococcus faecium* 174  *Pseudomonas aeruginosa*  
727  *Klebsiella oxytoca*  
551  *Candida albicans*  
559  *Candida glabrata*  
730  *Enterobacter cloacae*  
127  Group B Streptococcus (GBS)  
137  Group B Streptococcus (GBS) Antibiotic Resistance\*\*\* (#127 Req.) Only check if patient is penicillin-allergic and erythromycin/clindamycin resistance determination is required for alternate treatment.  
731  *Klebsiella aerogenes*  
362  *Prevotella* species Group 1 (*P. bivia*, *P. disiens*, *P. 1intermedia*, *P. melaninogenica*)  
363  *Prevotella* species Group 2 (*P. corporis*, *P. albensis*)  
734  *Proteus vulgaris*  
732  *Providencia* species (*P. stuartii*, *P. rettgeri*)  
151  *Staphylococcus saprophyticus*  
178  *Ureaplasma parvum* (Reflex to fluoroquinolone resistance by Pyrosequencing)

**Genetic Testing Specimen Information**  
Date Collected (Required): \_\_\_\_\_ Specimen Source:  Saliva  Whole Blood

**URO-ONCOLOGY TESTING - Saliva or Whole Blood**  
**\*Informed Consent form must accompany specimen**  
**Hereditary Genetics**  
2603  Hereditary Prostate Cancer Panel (18 genes) by Gene Sequencing and Deletion/Duplication Analysis (ATM, BRCA1, BRCA2, BRIP1, CHEK2, EPCAM, FANCA, HOXB13, MITF, MLH1, MSH2, MSH6, NBN, PALB2, PMS2, RAD51C, RAD51D, TP53)  
2604  Hereditary Renal Cancer Panel (19 genes) by Gene Sequencing and Deletion/Duplication Analysis (BAP1, EPCAM, FH, FLCN, MET, MITF, MLH1, MSH2, MSH6, PALB2, PMS2, PTEN, SDHB, SDHC, SDHD, TP53, TSC1, TSC2, VHL)  
Testing includes sequencing for all genes except EPCAM (del/dup only) and MITF (evaluation of C.952g>A only).

**PHARMACOGENOMICS TESTING - Saliva or Whole Blood**  
**\*Informed Consent form must accompany specimen**  
**Bladder Incontinence:** 4035  Darifenacin 4036  Fesoterodine 4037  Mirabegron  
4038  Tamsulosin 3983  Tolterodine  
**Bladder Cancer:** 3828  Cisplatin 4039  Erdafitinib  
**Prostate Cancer:** 4040  Abiraterone 4041  Apalutamide 4042  Cabazitaxel  
3852  Docetaxel 4043  Enzalutamide 4044  Flutamide 4045  Goserelin  
4046  Leuprolide 4047  Nilutamide 3950  Prednisone/Prednisolone

**Confirmation of Informed Consent and Medical Necessity for Pharmacogenomic/Genetic Testing**  
My signature below certifies that I am a licensed medical professional or his/her representative or a genetic counselor authorized to order genetic testing. My signature further acknowledges the patient has been supplied information regarding genetic testing and has been informed about the purpose, limitation and possible risks. The patient has been given the opportunity to ask questions about this consent and seek outside genetic counseling.  
In the event that the patient's health insurance plan determines for the test(s) I checked above that some of the genes that I requested for analysis are not covered, I understand that Medical Diagnostic Laboratories, L.L.C. shall perform and result the test(s) for the genes I selected, then submit the claim to the patient's health insurance plan for the testing of the genes covered under the patient's plan.  
If the testing is covered by the patient's health plan and the out-of-pocket expense is less than \$150.00, testing will proceed without further delay or additional contact. The patient has given consent for genetic testing to be performed and the signed consent form is being provided with this requisition. I confirm that this testing is medically necessary for the specified patient and that these results will be used in the medical management and treatment decisions for this patient.

**Medical Professional Signature (Req.):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Other Tests/Panels: \_\_\_\_\_  
For a complete list of testing, please visit our website [www.mdlab.com](http://www.mdlab.com) Upd.: 5.2021

**Pharmacogenomic Testing Drug and Gene Guide:**

Test No.	Drug/Gene(s)		
<b>Bladder Incontinence</b>			
4035	Darifenacin (CYP2D6, CYP3A4)	4038	Tamsulosin (CYP2D6, CYP3A4)
4036	Fesoterodine (CYP2D6, CYP3A4)	3983	Tolterodine (CYP2D6, CYP3A4)
4037	Mirabegron (CYP2D6, CYP3A4)		
<b>Bladder Cancer</b>			
3828	Cisplatin (ABCB1, MTHFR, TPMT)	4039	Erdafitinib (CYP2C9, CYP3A4)
<b>Prostate Cancer</b>			
4040	Abiraterone (CYP3A4)	4044	Flutamide (CYP1A2)
4041	Apalutamide (CYP3A4, CYP2C8)	4045	Goserelin (SLCO1B1)
4042	Cabazitaxel (CYP3A4, CYP3A5, CYP2C8)	4046	Leuprolide (CYP2D6)
3852	Docetaxel (CYP3A4, CYP3A5)	4047	Nilutamide (CYP2C19)
4043	Enzalutamide (CYP3A4, CYP2C8)	3950	Prednisone/Prednisolone (ABCB1)

Please indicate your **Diagnosis Code** selection on the front of this test requisition in the designated spaces under **“Billing Information – Diagnosis Codes (Required)”**.

ICD-10 Code	Description	ICD10 Code	Description
<b>Prostate Biopsy</b>			
C61	Malignant neoplasm of prostate	R97.21	Rising PSA following treatment for malignant neoplasm of prostate
D29.1	Benign neoplasm of prostate		
N41.0	Acute prostatitis	R97.8	Other abnormal tumor markers
N41.1	Chronic prostatitis	Z12.5	Encounter for screening for malignant neoplasm of prostate
N41.2	Abscess of prostate		
N41.9	Inflammatory disease of prostate, unspecified	Z13.9	Encounter for screening, unspecified
N42.89	Other specified disorders of prostate	Z80.42	Family history of malignant neoplasm of prostate
N42.9	Disorder of prostate, unspecified	Z85.46	Personal history of malignant neoplasm of prostate
R97.20	Elevated prostate specific antigen [PSA]		
<b>Prostate PIN4 cocktail &amp; H&amp;E</b>			
C61	Malignant neoplasm of prostate	N42	Dysplasia of prostate
D07.5	Carcinoma in situ of prostate	N42.31	Prostatic intraepithelial neoplasia
D29.1	Benign neoplasm of prostate		
<b>Urine Cytology</b>			
N32.81	Overactive bladder	Z12.6	Encounter for screening for malignant neoplasm of bladder
N32.89	Other specified disorders of bladder		
N32.9	Bladder disorder, unspecified	Z80.52	Family history of malignant neoplasm of bladder
		Z85.51	Personal history of malignant neoplasm of bladder
<b>UroVysion®</b>			
R82.8	Abnormal findings on cytological and histological examination of urine	C67.3	Malignant neoplasm of anterior wall of bladder
		C67.4	Malignant neoplasm of posterior wall of bladder
C66.1	Malignant neoplasm of right ureter	C67.5	Malignant neoplasm of bladder neck
C66.2	Malignant neoplasm of left ureter	C67.6	Malignant neoplasm of ureteric orifice
C66.9	Malignant neoplasm of unspecified ureter	C67.7	Malignant neoplasm of urachus
C67.9	Malignant neoplasm of bladder, unspecified	C67.8	Malignant neoplasm of overlapping sites of bladder
C67.0	Malignant neoplasm of trigone of bladder	C68	Malignant neoplasm of other and unspecified urinary organs
C67.1	Malignant neoplasm of dome of bladder		
C67.2	Malignant neoplasm of lateral wall of bladder		
<b>Molecular Testing</b>			
R30.0	Dysuria	N45.1	Epididymitis
R36.9	Urethral discharge, unspecified	R82.90	Unspecified abnormal findings in urine
N34.1	Nonspecific urethritis	R30.9	Painful micturition, unspecified
<b>Pharmacogenomics</b>			
T88.7XXA	Unspecified adverse effect of drug or medicament, initial encounter	C68.9	Malignant neoplasm of urinary organ, unspecified
T88.7XXD	Unspecified adverse effect of drug or medicament, subsequent encounter	C67.0	Malignant neoplasm of trigone of bladder
Z79.899	Other long term (current) drug therapy	C67.1	Malignant neoplasm of dome of bladder
Z51.81	Encounter for therapeutic drug level monitoring	C67.2	Malignant neoplasm of lateral wall of bladder
Z51.11	Encounter for antineoplastic chemotherapy	C67.3	Malignant neoplasm of anterior wall of bladder
Z92.21	Personal history of antineoplastic chemotherapy	C67.4	Malignant neoplasm of posterior wall of bladder
R11.2	Nausea with vomiting, unspecified	C67.5	Malignant neoplasm of bladder neck
R32	Unspecified urinary incontinence	C67.6	Malignant neoplasm of ureteric orifice
N32.81	Overactive bladder	C67.7	Malignant neoplasm of urachus
N32.89	Other specified disorders of the bladder	C67.8	Malignant neoplasm of overlapping sites of bladder
N32.9	Bladder Disorder, Unspecified	C67.9	Malignant neoplasm of bladder, unspecified
N39.3	Stress incontinence (female) (male)	D30.00	Benign neoplasm of unspecified kidney
N39.4	Other specified urinary incontinence	D30.10	Benign neoplasm of unspecified renal pelvis
Z85.51	Personal history of malignant neoplasm of bladder	D30.20	Benign neoplasm of unspecified ureter
Z80.52	Family history of malignant neoplasm of bladder	Z80.42	Family history of malignant neoplasm of prostate
Z85.50	Personal history of malignant neoplasm of unspecified urinary tract organ	Z85.46	Personal history of malignant neoplasm of prostate
Z80.59	Family history of malignant neoplasm of other urinary tract organ	C61	Malignant neoplasm of prostate
		N41.9	Inflammatory disease of prostate, unspecified
		R95.21	Rising PSA following treatment for malignant neoplasm of prostate
		N42.89	Other specified disorders of prostate
C68.0	Malignant neoplasm of urethra	N42.9	Disorder of prostate, unspecified
C68.1	Malignant neoplasm of paraurethral glands		
C68.8	Malignant neoplasm of overlapping sites of urinary organs		

**This is a general, non-comprehensive guide for use by the healthcare provider to assist in the assignment of a diagnosis code to the laboratory testing ordered. The healthcare clinician must only order tests determined to be medically necessary for the diagnosis and treatment of the patient.**

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

\* Reflex to antibiotic resistance by Molecular Analysis  
 \*\* Reflex to azithromycin resistance by Pyrosequencing

\*\*\* This test can only be performed when the test in parenthesis is positive. All tests performed will be billed.

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