V Raman Sukumar, MD
Medical Director

Urology Request

Doctors Pathology Services

PATIENT INFORMATION

Last	First	M
SSN		
Date of birth	Sex (circle one) M F	
Address		
City, State ZIP		
Phone		

PHYSICIAN INFORMATION

- Date
- Office site
- Ordering physician
- Primary care
- Referring
- Additional reports to

Label specimens with patient info and tissue type submitted and place in bio-bag

Please attach photocopy of patient's insurance card

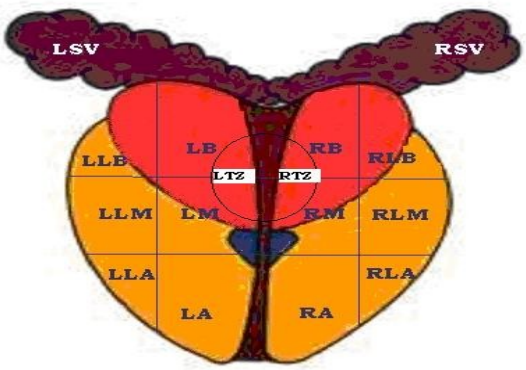
CLINICAL HISTORY / MEDICATIONS / ICD-9 or DIAGNOSIS

If Medicare, follow policy. Submit Advance Beneficiary Notice (ABN), if applicable

☐ **Routine Diagnosis** ☐ **Consultation on submitted slides**

TISSUES

Prostate: ***Please label parts to correspond with bottle***



Bladder:

Others:

URINE AND BLOOD

Urine Hematuria/UTI Profile:
- ☐ Culture
- ☐ Urinalysis

Urine Cytology Hematuria Profile:
- ☐ Culture
- ☐ Urinalysis
- ☐ Urine Cytology

*Reflex Urovysion if atypical cells are identified

Urovysion Cytology Profile:
- ☐ Urovysion (FISH)
- ☐ Urine Cytology

Urine Chemistry:
- ☐ Uric Acid Profile
- ☐ Calcium Profile
- ☐ Citrate Profile
- ☐ Stone Analysis

Blood Tests: *PSA (Reflex PSA II F/T if PSAT Elevated)
- ☐ PSA
- ☐ Other _____

DPS Urology Request
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