PATHOLOGY REFERI	ENCE LABORATOF	RY, L.L.C.	COLLECTION	N DATE:	ACCOUNT NAME AND ADDRESS
			BILL TO	): D:	
UROLO	OGY REQUISITIO	N	☐ CLIEN	т	
9600 DATAPOINT	T DR. • SAN ANTONIO, TX 7822	0	☐ PATIEN		
	L FREE (866) 231-8058 • FAX (2			٦	
PATIENT LAST NAME	FIRST			M.I.	
RELATIONSHIP TO INSURED: O SELF O SPOU	SE O DEPENDENT PATIENT SS # PATIENT I	D/MP #	DATE OF BIRTH	l SEV	
( )	ATTENT 1	D/IVIN #	/ /	SEX F	
INSURED NAME/RESPONSIBLE PARTY	,	INSU	RED SS #		
PATIENT ADDRESS (OR INSUREDRESPONSIBLE PAR	RTY)		Al	PT. NO.	
CITY			STATE	ZIP	
EMPLOYEE NAME		PHONE ( )			
INSURANCE COMPANY NAME		, ,			
INSURANCE COMPANY ADDRESS			L CTATE	7/0	
CITY			STATE	ZIP	
( )	NSURANCE/GROUP #	МЕМВЕ	R/SUBSCRIBER ID #		
MEDICARE #	SUFFIX O PRIMARY MEDICAID #			STATE	
Send duplicate report to:					
Name			Address	/Fax	
ICD-9 CODE (Required)					
Medicare patients mu	st review and sign th	ne separate	Advanced	Beneficiary	Notice for noncovered services
LUCTOLOGY					
HISTOLOGY					CYTOLOGY
Test(s) required. Please check b	(				Test(s) required. Please check box.
	Left Seminal	Vesicle	Righ	ht Seminal Vesicle	Test(s) required. Please check box.  Urine Cytology
Test(s) required. Please check b	(	` ` `	ASE	ht Seminal Vesicle	Test(s) required. Please check box.
Test(s) required. Please check but Tissue type:  Prostate Histology only	Left Seminal	B	ASE		Test(s) required. Please check box.  Urine Cytology
Test(s) required. Please check but tissue type:  Prostate Histology only  Bladder Histology	(	B. Left	( . ~	ht Seminal Vesicle  Right Lateral Base	Test(s) required. Please check box.  Urine Cytology    Specimen Type/Volume: ml
Test(s) required. Please check to Tissue type:  Prostate Histology only Bladder Histology Ureter	Left Seminal	B. Left	ASE Right	Right	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine) CU (catheterized urine)
Test(s) required. Please check by Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens	Left Seminal  Left Lateral Base  Left	Left Base	Right Base	Right Lateral Base	Test(s) required. Please check box.  Urine Cytology    Specimen Type/Volume: ml
Test(s) required. Please check by Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L	Left Seminal  Left Lateral Base  Left Lateral Mid	Left Base	ASE Right Base	Right Lateral Base	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine)
Test(s) required. Please check by Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens	Left Seminal  Left Lateral Base  Left Lateral Mid  Left	Left Base	Right Base Right Mid	Right Lateral Base  Right Lateral Mid	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine) CU (catheterized urine)  BW (bladder wash) PCV (post cysto voided urine)  Renal Wash L R  Ureteral Wash L R
Test(s) required. Please check by Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L	Left Seminal  Left Lateral Base  Left Lateral Mid  Left	Left Base  Left Mid	Right Base Right Mid	Right Lateral Base  Right Lateral Mid	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine) CU (catheterized urine)  BW (bladder wash) PCV (post cysto voided urine)  Renal Wash L R  Ureteral Wash L R  Neo bladder  Barbotage
Test(s) required. Please check by Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin	Left Seminal  Left Lateral Base  Left Lateral Mid  Left	Left Base	Right Base Right Mid	Right Lateral Base  Right Lateral Mid	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine) CU (catheterized urine)  BW (bladder wash) PCV (post cysto voided urine)  Renal Wash L R  Ureteral Wash L R
Test(s) required. Please check by Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin Other	Left Seminal  Left Lateral Base  Left Lateral Mid  Left Lateral A	Left Mid  Apex Left Apex	Right Base Right Mid	Right Lateral Base  Right Lateral Mid  Right .ateral Apex	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine) CU (catheterized urine)  BW (bladder wash) PCV (post cysto voided urine)  Renal Wash L R  Ureteral Wash L R  Neo bladder  Barbotage  Other
Test(s) required. Please check by Tissue type: Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin Other PSA NG/uL Date	Left Seminal  Left Lateral Base  Left Lateral Mid  Left Lateral A	Left Base  Left Mid  Apex Left Apex	Right Base  Right Mid  Right Apex	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine)
Test(s) required. Please check by Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin Other  PSA NG/uL Date DRE: Normal Abnormal	Left Seminal  Left Lateral Base  Left Lateral Mid  Left Lateral A	Left Base  Left Mid  Apex Left Apex	Right Base  Right Mid  Right Apex	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine) CU (catheterized urine) BW (bladder wash) PCV (post cysto voided urine) Renal Wash L R Ureteral Wash L R Neo bladder Barbotage Other  R
Test(s) required. Please check to Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin Other  PSA NG/uL Date DRE: Normal Abnormal Abnormal findings:	Left Seminal  Left Lateral Base  Left Lateral Mid  Left Lateral A	Left Base  Left Mid  Apex Left Apex	Right Base  Right Mid  Right Apex	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:  Abnormal findir  Previous Cyto	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine)
Test(s) required. Please check by Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin Other  PSA NG/uL Date DRE: Normal Abnormal Abnormal findings: Previous Biopsy: None E	Left Seminal  Left Lateral Base  Left Lateral Mid  Left Lateral Mid  Left Lateral Mid  Left Lateral Mid	Left Mid  Apex Left Apex	Right Base  Right Mid  Right Apex  PEX  Right Transition	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:  Abnormal findir  Previous Cyto  None  Be	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine) CU (catheterized urine) BW (bladder wash) PCV (post cysto voided urine) Renal Wash L R Ureteral Wash L R Neo bladder Barbotage Other Normal Abnormal  ngs:  Plogy Exam: Date enign Atypia Malignant Dysplasia
Test(s) required. Please check to Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin Other  PSA NG/uL Date DRE: Normal Abnormal Abnormal findings:	Left Seminal  Left Lateral Base  Left Lateral Mid  Left Lateral Mid  Left Lateral Aid  Left Lateral Ai	Left Base  Left Mid  Apex  Left Apex	Right Base  Right Mid  Right Apex  PEX  Right Transition Zone	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:  Abnormal findir  Previous Cyto  None  Other	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine)
Test(s) required. Please check is Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin Other  PSA NG/uL Date DRE: Normal Abnormal Abnormal findings: Previous Biopsy: None E	Left Seminal  Left Lateral Base  Left Lateral Mid  Left Lateral A	Left Base  Left Mid  Apex  Left Apex  Please design	Right Base  Right Mid  Right Apex  PEX  Right Transition	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:  Abnormal findir  Previous Cyto  None  Other  Previous Ther	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine) CU (catheterized urine) BW (bladder wash) PCV (post cysto voided urine) Renal Wash L R Ureteral Wash L R Neo bladder Barbotage Other Other  Normal Abnormal  ngs: enign Atypia Malignant Dysplasia
Test(s) required. Please check to Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin Other  PSA NG/uL Date DRE: Normal Abnormal Abnormal findings: Previous Biopsy: None E	Left Seminal  Left Lateral Base  Left Lateral Mid  Left Lateral Mid  Left Lateral Aid  Left Lateral Mid  Left Lateral Mi	Left Base  Left Mid  Apex  Left Apex  Please design sites by	Right Base  Right Mid  Right Apex  PEX  Right Transition Zone nate specimen number:	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:  Abnormal findir  Previous Cyto  None Booth	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine)
Test(s) required. Please check to Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin Other  PSA NG/uL Date DRE: Normal Abnormal Abnormal findings: Previous Biopsy: None E Atypia HPIN Malignant Other Previous Therapy: None	Left Seminal  Left Lateral Base  Left Lateral Mid  Comparison of the seminal of the	Left Base  Left Mid  Apex  Left Apex  Please design sites by	Right Base  Right Mid  Right Apex  PEX  Right Transition Zone nate specimen	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:  Abnormal findir  Previous Cyto  None Booth	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine) CU (catheterized urine) BW (bladder wash) PCV (post cysto voided urine) Renal Wash L R Ureteral Wash L R Neo bladder Barbotage Other Other  Normal Abnormal  ngs: enign Atypia Malignant Dysplasia
Test(s) required. Please check to Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin	Left Seminal  Left Lateral Base  Left Lateral Mid  Comparison of the property of the p	Left Base  Left Mid  Apex  Left Apex  Please design sites by	Right Base  Right Mid  Right Apex  PEX  Right Transition Zone nate specimen number:	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:  Abnormal findir  Previous Cyto  None Be Other Previous Ther  Surgery	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine)
Test(s) required. Please check to Tissue type:  Prostate Histology only Bladder Histology Ureter Vas Deferens #1 R or L #2 R or L Skin Other  PSA NG/uL Date DRE: Normal Abnormal Abnormal findings: Previous Biopsy: None E Atypia HPIN Malignant Other Previous Therapy: None Surgery Other	Left Seminal  Left Lateral Base  Left Lateral Mid  Comparison of the property of the p	Left Base  Left Mid  Apex  Left Apex  Please design sites by	Right Base  Right Mid  Right Apex  PEX  Right Transition Zone nate specimen number:	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:  Abnormal findir  Previous Cyto  None Be Other Previous Ther  Surgery	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine)
Test(s) required. Please check to Tissue type:	Left Seminal  Left Lateral Base  Left Lateral Mid  Comparison of the property of the p	Left Base  Left Mid  Apex  Left Apex  Please design sites by	Right Base  Right Mid  Right Apex  PEX  Right Transition Zone nate specimen number:	Right Lateral Base  Right Lateral Mid  Right Lateral Apex  Cystoscopy:  Abnormal findir  Previous Cyto  None Be Other Previous Ther  Surgery	Test(s) required. Please check box.  Urine Cytology  Specimen Type/Volume: ml  VU (voided urine)