



Form with multiple sections: Patient Information (1), Insurance/Company Information (4), ICD Diagnosis Codes (5), and Client Information. Includes fields for name, DOB, SSN, address, phone, and insurance details.

Urological Pathology

Please check one: Inpatient Outpatient Ambulatory Surg Center

Clinical Information: Respond below and/or attach patient's most recent clinical history. Please provide ICD Diagnosis Codes in Section 5 above.

PSA NG/uL Date DRE: Normal Abnormal Cystoscopy: Normal Abnormal
Abnormal Findings/Other Clinical History

Previous Biopsy: Date None Benign Atypia HGPIN Malignant Other

Previous Cytology Exam: Date None Benign Atypia Dysplasia Malignant Other

Previous Therapy: None Hormonal BCG Radiation Chemotherapy Cryosurgery Surgery Other

- List of clinical conditions with checkboxes: Elevated PSA (790.93), Abnormal Prostate Exam (236.5), Prostate Nodule (600.1), Prostate Cancer (185), Hematuria (599.7), History of Bladder Cancer (V10.51), Benign Bladder Neoplasm (223.3), Renal Cancer (189), Acute Cystitis (595.0), Interstitial Cystitis (595.1), Chronic Cystitis (595.2), Other (ICD-9)

Cytology Check Source(s) (Required)

- Cytology options: Urine Cytology, Other, SpecType/Volume ml, VU (voided urine), CU (catheterized urine), PVC (post cysto voided urine), BW (bladder wash), Renal Wash L R, Ureteral Wash L R, Neo Bladder (Ileal conduit), Other

Biopsy Check Source(s) (Required)

- Biopsy options: Tissue Type, Prostate, Bladder, Vas Deferens, Stone, Seminal Vesicle, Second Opinion, Other

Prostate Biopsy Specimen Sites

Please check all sites that apply. Make sure to label vials with site appropriate label.

- Prostate Biopsy Specimen Sites: L base, R base, L lateral base, R lateral base, L mid, R mid, L lateral mid, R lateral mid, L apex, R apex, L lateral apex, R lateral apex, L transition zone, R transition zone, L seminal vesicle, R seminal vesicle, Left, Right, Other

Referring Physician Information: (If different from Ordering Physician/Client Information box at top)

Urologist: Address: City, State, Zip

Fax a final Report? Yes No Fax: Phone:



Indiana University Health

IU Health System Pathology Laboratories
350 W. 11th Street, Room 5013
Indianapolis, IN 46202-4108
317.491.6000 or 800.433.0740
Fax: 317.491.6001

Form with fields for Patient Legal Name, Social Security #, Race, MR#, Patient Address, City, State, Zip, Physicians Signature, Order Date, Print Physicians Name, Client Information, and Billing Facility/Client details.

Urological Pathology

Please check one: Inpatient Outpatient Ambulatory Surg Center

Clinical Information: Respond below and/or attach patient's most recent clinical history. Please provide ICD Diagnosis Codes in Section 5 above.

PSA NG/uL Date DRE: Normal Abnormal Cystoscopy: Normal Abnormal
Abnormal Findings/Other Clinical History

Previous Biopsy: Date None Benign Atypia HGPIN Malignant Other
Previous Cytology Exam: Date None Benign Atypia Dysplasia Malignant Other
Previous Therapy: None Hormonal BCG Radiation Chemotherapy Cryosurgery Surgery Other

- Elevated PSA (790.93) Abnormal Prostate Exam (236.5) Prostate Nodule (600.1) Prostate Cancer (185)
Hematuria (599.7) History of Bladder Cancer (V10.51) Benign Bladder Neoplasm (223.3) Renal Cancer (189)
Acute Cystitis (595.0) Interstitial Cystitis (595.1) Chronic Cystitis (595.2) Other (ICD-9)

- Cytology: Check Source(s) (Required) Urine Cytology Other SpecType/Volume ml VU (voided urine) CU (catheterized urine) PVC (post cysto voided urine) BW (bladder wash) Renal Wash Ureteral Wash Neo Bladder (Ileal conduit) Other
Biopsy: Check Source(s) (Required) Tissue Type: Prostate Bladder Vas Deferens Stone Seminal Vesicle Second Opinion: Other

Prostate Biopsy Specimen Sites
Please check all sites that apply. Make sure to label vials with site appropriate label.
L base R base
L lateral base R lateral base
L mid R mid
L lateral mid R lateral mid
L apex R apex
L lateral apex R lateral apex
L transition zone R transition zone
L seminal vesicle R seminal vesicle
Left Right
Other

Referring Physician Information: (If different from Ordering Physician/Client Information box at top)

Urologist:
Address:
City, State, Zip

Fax a final Report? Yes No
Fax:
Phone: