



PRECISION PATHOLOGY
Quality diagnostics for optimum patient care

UROQ™ Urologic Pathology

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NOTE: CA TITLE 17 (SEC. 1050 REQUIRES THE PHYSICIAN TO PROVIDE PATIENT'S DOB, SOURCE OF SPECIMEN, LMP, HISTORY, THERAPY, AND SLIDE/VIAL LABELED APPROPRIATELY - TWO (2) IDENTIFIERS.

Date Collected:		Patient Name:		Birth Date:	Sex:
Street Address/Apt #:			City:	State:	Zip:
Responsible Party Phone #:		Social Security No.:	MRN #:	Physician Performing Procedure:	
Type of Billing:	<input type="checkbox"/> Patient <input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Insurance <input type="checkbox"/> Client	<input type="checkbox"/> Medicare	Diagnosis Codes	Copy To Physician(s):

(Please attach front and back of insurance card)

CLINICAL INFORMATION

- | | |
|---|---|
| <input type="checkbox"/> R97.2 Elevated PSA | <input type="checkbox"/> D40.0 Neoplasm of uncertain behavior, Prostate |
| <input type="checkbox"/> R31.9 _____ Hematuria | <input type="checkbox"/> D41.4 Neoplasm of uncertain behavior, Bladder |
| <input type="checkbox"/> Z30.2 Sterilization, Vas | <input type="checkbox"/> C67.9 Malignant neoplasm bladder, Unspecified |
| <input type="checkbox"/> Z85.46 Hx of Prostate Cancer | <input type="checkbox"/> N40.1 Benign prostate hypertrophy with urinary obstruction |
| <input type="checkbox"/> Z85.51 Hx of Bladder Cancer | <input type="checkbox"/> Other: _____ |

NON-GYN CYTOLOGY

PUQ1234567

NON-GYN CYTOLOGY SPECIMEN: _____

- Urine Cytology Voided Catheter Right-Upper Tract **UroVysion (Bladder Cancer) FISH Reflex for:** Atypical Positive
- Conduit/Neoblad Left-Upper Tract Renal Calculus for Analysis Urine PCA3

TISSUE BIOPSY (DESIGNATE SITES):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

PROSTATE BIOPSIES

LEFT LATERAL BASE	LEFT MEDIAL BASE	RIGHT MEDIAL BASE	RIGHT LATERAL BASE
LEFT LATERAL MID 1	LEFT MEDIAL MID 1	RIGHT MEDIAL MID 1	RIGHT LATERAL MID 1
LEFT LATERAL MID 2	LEFT MEDIAL MID 2	RIGHT MEDIAL MID 2	RIGHT LATERAL MID 2
LEFT LATERAL MID 3	LEFT MEDIAL MID 3	RIGHT MEDIAL MID 3	RIGHT LATERAL MID 3
LEFT LATERAL APEX	LEFT MEDIAL APEX	RIGHT MEDIAL APEX	RIGHT LATERAL APEX
LEFT TRANSITIONAL ZONE 1	LEFT TRANSITIONAL ZONE 2	RIGHT TRANSITIONAL ZONE 1	RIGHT TRANSITIONAL ZONE 2
LEFT SEMINAL VESICLE			RIGHT SEMINAL VESICLE

Left Lateral Base PUQ1234567 Pt. Name: _____	Left Medial Base PUQ1234567 Pt. Name: _____	Right Medial Base PUQ1234567 Pt. Name: _____	Right Lateral Base PUQ1234567 Pt. Name: _____
Left Lateral Mid PUQ1234567 Pt. Name: _____	Left Medial Mid PUQ1234567 Pt. Name: _____	Right Medial Mid PUQ1234567 Pt. Name: _____	Right Lateral Mid PUQ1234567 Pt. Name: _____
Left Lateral Apex PUQ1234567 Pt. Name: _____	Left Medial Apex PUQ1234567 Pt. Name: _____	Right Medial Apex PUQ1234567 Pt. Name: _____	Right Lateral Apex PUQ1234567 Pt. Name: _____
PUQ1234567 Pt. Name: _____	PUQ1234567 Pt. Name: _____	PUQ1234567 Pt. Name: _____	PUQ1234567 Pt. Name: _____