InterScience
Diagnostic Laboratories, Inc.
1750 Richmond Avenue
Staten Island, NY 10314
TEL# 718-898-5461 FAX# 718-698-4517
CLIA I.D. 33D1082465

Urologic Pathology

Histology | Cytology

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CLIENT INFORMATION

Treating Physician | UPIN #

Physician's Signature X ______

Send duplicate of report to:

Name ______

Address/Fax ______

PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address		Apt. #
City	State	Zip
Patient Phone Number	Patient Social Security Number	
Date of Birth / /	Age	Sex	Patient ID

BILLING/INSURANCE (Attach copy of insurance card — both sides)

Bill:
- ☐ Insurance
- ☐ Medicare
- ☐ Patient
- ☐ Physician
- ☐ Hospital
- ☐ Other
- ☐ Outpatient/ Non-hospital
- ☐ Hospital (IP/OP/ER)

Subscriber Insurance ☐ Secondary Insurance Information Attached

Subscriber Name / Relationship to Subscriber ☐ Self ☐ Spouse ☐ Dependent

Company Name		
Address		
City	State	Zip
Employer Name		
Subscriber DOB / /	Group/Contract #	Member ID#
Subscriber Sex ☐ Male ☐ Female	Medicare #	Medicaid ID#

☐ Medicare patients must review and sign the separate Advanced Beneficiary Notice for services that may not meet Medicare's medical necessity or frequency limitation criteria.

HISTOLOGY

TEST REQUEST: Please Check a Box

- ☐ Prostate Histology
- ☐ Vasectomy Histology
- ☐ Bladder Histology
- ☐ Expert Prostate Slide Consultation (Send representative slides and pathology report)
- ☐ Other ______

CLINICAL INFORMATION

PSA ______ NG/μL ______% F/T Date ______

DRE: ☐ Normal ☐ Abnormal ______ Location

Abnormal Findings: ______

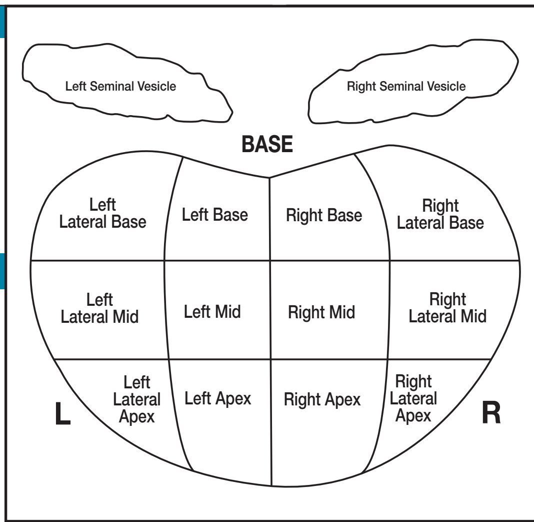
PREVIOUS BIOPSY:

☐ None ☐ Benign ☐ Inflammation
☐ Atypia ☐ HPIN ☐ Malignant
☐ Other ______

PREVIOUS THERAPY:

☐ None ☐ Hormonal ☐ BCG ☐ Radiation ☐ Chemotherapy
☐ Cryosurgery ☐ Surgery ☐ Other ______

Collection Date ____/____/____ # of Containers ______ # of Cores Submitted ______



URINE CYTOLOGY (See Collection Kit for Recommended Volumes)

TEST REQUEST: Please Check a Box

- ☐ Urine Cytology
- ☐ VYSIS UroVysion™
- ☐ Other ______

Collection Method / Volume: ______ ml

☐ Voided Urine ☐ Catheterized Urine
☐ Bladder Wash ☐ Post Cysto Voided Urine
☐ Renal Wash L ____ R ____
☐ Ureteral Wash L ____ R ____
☐ Neo Bladder ☐ Ileal Conduit
☐ Other ______

CLINICAL INFORMATION

Cystoscopy: ☐ Normal ☐ Abnormal

Previous Cytology Exam: Date ______

☐ None ☐ Benign ☐ Atypia ☐ Malignant ☐ Dysplasia
☐ Other ______

Previous Therapy: Date ______

☐ None ☐ BCG ☐ Radiation ☐ Chemotherapy
☐ Surgery ☐ Other ______

Collection Date ____/____/____ # of Containers ______

Medicare provides limited coverage for CPT code 88342 (Immunocytochemistry). Please only order these tests when they are medically necessary or have the patient sign an ABN.

InterScience Diagnostic Laboratories, Inc. 000000 L Seminal Vesicle	InterScience Diagnostic Laboratories, Inc. 000000 R Seminal Vesicle	InterScience Diagnostic Laboratories, Inc. 000000 Other______	InterScience Diagnostic Laboratories, Inc. 000000 Other______
InterScience Diagnostic Laboratories, Inc. 000000 L Lateral Base	InterScience Diagnostic Laboratories, Inc. 000000 L Base	InterScience Diagnostic Laboratories, Inc. 000000 R Base	InterScience Diagnostic Laboratories, Inc. 000000 R Lateral Base
InterScience Diagnostic Laboratories, Inc. 000000 L Lateral Mid	InterScience Diagnostic Laboratories, Inc. 000000 L Mid	InterScience Diagnostic Laboratories, Inc. 000000 R Mid	InterScience Diagnostic Laboratories, Inc. 000000 R Lateral Mid
InterScience Diagnostic Laboratories, Inc. 000000 L Lateral Apex	InterScience Diagnostic Laboratories, Inc. 000000 L Apex	InterScience Diagnostic Laboratories, Inc. 000000 R Apex	InterScience Diagnostic Laboratories, Inc. 000000 R Lateral Apex
InterScience Diagnostic Laboratories, Inc. 000000 Urine Cytology	InterScience Diagnostic Laboratories, Inc. 000000 VYSIS UroVysion™	InterScience Diagnostic Laboratories, Inc. 000000 Urine Cytology & UroVysion™	InterScience Diagnostic Laboratories, Inc. 000000 Bladder Biopsy