Dianon PATHOLOGY
LabCorp Specialty Testing Group
840 Research Parkway
Oklahoma City, OK 73104
Phone: (800) 411-1839 or (405) 290-4000
Fax: (800) 211-0442 or (405) 290-4046

Item# 0050659 Form # 260N.26

Chart #_____ Test Requisition

LAB USE ONLY
Date _____
Color _____
Volume _____

PHYSICIAN

Physician/Authorized Signature:

Copy To:
Name _____
Address _____
City _____ **State** _____ **Zip** _____

Requesting Physician & NPI _____

PATIENT

Name (Last, First) _____ MI ____ MRN _____ DOB _____
Address _____ City _____ State _____ Zip _____
Home # (____) _____ Work # (____) _____ ☐ **Male** ☐ **Female** Race: ☐ Black ☐ White ☐ Hispanic ☐ Other: _____

BILLING

Bill: ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Patient ☐ Ordering Physician ☐ Facility (Account) Authorization # _____
Policy/ID # _____ Group # _____ 2nd Insurance Policy/ID # _____ Group # _____
Attach secondary billing info.
Insurance Carrier _____ Insured's Name _____
(if not patient check one - ☐ spouse ☐ child ☐ other)
Claim Address _____ 2nd Insurance Carrier _____
City _____ State ____ Zip _____ Phone # _____ Claim Address _____
Patient Status ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Hospital Non-Patient Insured's DOB _____

▲ **Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)**

☐ **Billing Information Attached**

† HISTOLOGY = Gross & Microscopic Exam

ICD-CM▲ _____
Collection Date _____ **Collection Time** _____
Specimen Type _____
Number of Vials Submitted
(UroScore® requires a sextant (6+ vials) biopsy & a PSA Value)
☐ Prostate Histology ☐ Prostate Histology w/UroScore®
Prostate Histology, Reflex to ProMark® Prognostic Test@ on:
☐ Gleason 6 ☐ Gleason 7 (3+4) ☐ Gleason 6 or 7 (3+4)
ProMark® only available to CTR Certified physicians.
Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:
☐ PTEN IHC ☐ PTEN/ERG IHC
☐ Prostate Histology, Reflex to ConfirmMDx@ on negative/HGPIN
ConfirmMDx only available to CTR certified physicians
☐ Bladder Histology Biopsy
☐ Bladder Histology TUR
☐ Vas Deferens (Sterilization) Histology
☐ Other Histology: _____
☐ Consultation: _____

PSA Date _____ PSA ___ ___ ___ ___ • ___ ng/mL
DRE Finding ☐ Suspicious ☐ Isolated Nodule ☐ Normal ☐ Multiple Nodules
Previous Biopsy ☐ Positive ☐ PIN ☐ Negative ☐ Suspicious
Therapy ☐ Cryosurgery ☐ Hormone Therapy ☐ Chemotherapy ☐ Radiation Therapy

STONES / 24 HR URINE

ICD-CM▲
REQUIRED
Total Volume mls **Specimen Type**
Collection Date **Collection Time** AM ☐ PM ☐
☐ **Stone Analysis - Urinary Tract Calculus** (Stone Analysis Kit)
☐ Spontaneously Passed ☐ Lithotripsy ☐ Surgically Removed

Urine Chemistry Profiles (Dianon 24hr Urine Kit REQUIRED)
Check profile below or individual tests available in Chemistry section.
☐ UroStone®24 Uric Acid (Uric Acid/Creatinine/Sulfate)
☐ Creatinine Clearance (Serum Creatinine/Urine Creatinine)
requires serum & urine specimens and
Patient Height: _____ ***Inches*** **&** **Weight:** _____ ***lbs.***
☐ UroStone®24 Cystine★ (Creatinine/Qualitative Cystine*)
☐ UroStone®24 Calcium (Creatinine/Calcium/Sodium/pH)
☐ UroStone®24 Citrate (Citrate/Creatinine)
☐ UroStone®24★ (Calcium/Citrate/Creatinine/Magnesium/Oxalate/pH/Phosphorus/Qualitative Cystine*/Sodium/Uric Acid)
☐ UroStone®Max24★ (Ammonia/Calcium/Chloride/Citrate/Creatinine/Magnesium/Oxalate/pH/Phosphorus/Potassium/Sodium/Sulfate Uric Acid/Qualitative Cystine*)

MicrocytePLUS®/URINE CYTOLOGY

ICD-CM▲
Collection Date **Collection Time** AM ☐ PM ☐
Clinical Data ☐ Hematuria
☐ TCC, Current ☐ TCC, History Dx Date: _____
☐ Other: _____
Specimen Type (Required)
☐ Voided Urine (Bladder) ☐ Catheterized Urine
☐ Post-Cysto Void ☐ Bladder Wash
☐ Ileal Conduit/NeoBladder ☐ Urethral Wash
☐ Renal Wash - Left ☐ Renal Wash - Right
☐ Ureter Wash - Left ☐ Ureter Wash - Right
☐ Other _____
INDIVIDUAL TESTS: (May be ordered or added to profile)
☐ VU6 Pap Stain (only) Urine Cytology ‡
☐ FNA (Fine Needle Aspiration) Site: _____
☐ K600D UroVysion® FISH (Pathologist Review) ‡
☐ β2 Microglobulin ❖ ☐ Microalbumin ❖ ☐ Total Protein ❖

MicrocytePLUS® URINE CYTOLOGY PROFILES
☐ ***994 Hematuria Profile*** ❖
Cytodiagnostic Urinalysis Correlating Cytology (by concentration technique, includes Pap and Feulgen stain), Urine Dipstick Chemistry, β2 Microglobulin, Microalbumin, and Total Protein
☐ ***VU3 Cytology Plus Monitoring Profile*** ‡
Cytology (Pap and Feulgen stain)
☐ ***VU1D UroVysion®/Cytology Pathodiagnostic Profile*** ‡
UroVysion® FISH Assay and Cytology(Pap and Feulgen Stain); including integrated cytomolecular diagnostic interpretation with clinical correlation by pathologist (MD)
☐ ***VU4D UroVysion® Reflex/Cytology Pathodiagnostic Profile*** ‡
Cytology (Pap and Feulgen stain), reflex to UroVysion® FISH (Pathologist review) on atypical cytology results

‡ TCC Monitoring Kit (Alcohol Fixative)
❖ Urine Cytopathology Kit (Tablet Preservative)
See reverse for collection method requirements and CPT codes

MICROBIOLOGY•

ICD-CM▲
Specimen Type
Collection Date **Collection Time** AM ☐ PM ☐
☐ Culture@/ID@/Susceptibility@
☐ Yeast Culture ☐ Gram Stain
☐ Other: _____
Source: _____
Rx: _____ ☐ None
☐ Voided ☐ Cath ☐ Other: _____

CHEMISTRY

ICD-CM▲
Specimen Type
Collection Date **Collection Time** AM ☐ PM ☐
Fasting? Yes ☐ No ☐ **Frozen** ☐
S = Serum U = 24 Hr. Urine

Endocrinology
☐ Total PSA@%
☐ Total PSA@%/**Rflx** Free PSA with free/total PSA ratio
☐ Total PSA@% and Free PSA with free/total PSA ratio
☐ Testosterone
☐ Unbound Testosterone
☐ Testosterone/Unbound Testosterone with % Free
☐ FSH
☐ LH
☐ Prolactin
☐ AFP@
☐ Beta HCG@%
☐ TSH@%

Hematology
(Must test within 48 hours)
☐ CBC with Plt@
☐ CBC with Plt and Diff@

Panels
☐ Electrolyte Panel
☐ Lipid Panel@%
☐ Hepatic Function Panel
☐ Basic Metabolic Panel
☐ Renal Function Panel
☐ Comp. Metabolic Panel
Panel components on back
☐ PCA3 Assay

Individual Serum/ 24 Hr. Urine Chemistry
☐ Alkaline Phosphatase
☐ Albumin (S)
☐ ALT
☐ Ammonia (U)
☐ AST
☐ BUN
☐ Calcium (S, U)
☐ Chloride (S, U)
☐ Cholesterol@%
☐ Citrate (U)
☐ CO2
☐ Creatinine (S, U)
☐ Cystine (U)★
☐ Direct Bilirubin
☐ Glucose@%
☐ HDL@%
☐ Magnesium (S, U)
☐ Oxalate (U)
☐ pH (U)
☐ Phosphorus (S, U)
☐ Potassium (S, U)
☐ PTH
☐ Sodium (S, U)
☐ Sulfate (U)
☐ Total Bilirubin
☐ Total Protein (S, U)
☐ Triglyceride@%
☐ Uric Acid (S, U)

☐ Dianon performed venipuncture & PST Initials _____

HISTORY

Indicate previous Urinary Tract/Systemic Disorders, Biopsy or Therapy Results, and current Medications:

★ *Quantitative Cystine performed on positive Qualitative Cystine at additional charge.* • ID and Susceptibility at additional charges per organism if indicated.
When ordering tests for which Medicare or Medicaid reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient.
† Separately billable stains may be added by pathologist when medically necessary to render a diagnosis.

(260N) Rev 11/08/2018

Refer to Determining Necessity of ABN Completion on reverse.

Symbols Legend
@ = Subject to Medicare medical necessity guidelines.
% = Subject to Medicare frequency guidelines.
 # = Medicare deems investigational. Medicare does not pay for services it deems investigational.

PLEASE ENSURE REQUESTING PHYSICIAN IS INDICATED AND THE TEST REQUESTED IS MARKED.

Specimen Label Instructions . . .

1. Complete the requisition with all requested information.
2. Remove the required number of labels from the front of this sheet.
3. Place one (1) label on each specimen container (not on lid).

Any Questions? Please Call Client Services at 1-800-411-1839

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Item# 0050659 Form # 260N.26

Chart #_____ Test Requisition

LAB USE ONLY
Date _____
Color _____
Volume _____

PHYSICIAN

Physician/Authorized Signature:

Copy To:
Name _____
Address _____
City _____ **State** _____ **Zip** _____

Requesting Physician & NPI _____

PATIENT

Name (Last, First) _____ MI ____ MRN _____ DOB _____
Address _____ City _____ State _____ Zip _____
Home # (____) _____ Work # (____) _____ ☐ **Male** ☐ **Female** Race: ☐ Black ☐ White ☐ Hispanic ☐ Other: _____

BILLING

Bill: ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Patient ☐ Ordering Physician ☐ Facility (Account) Authorization # _____
Policy/ID # _____ Group # _____ 2nd Insurance Policy/ID # _____ Group # _____
Attach secondary billing info.
Insurance Carrier _____ Insured's Name _____
(if not patient check one - ☐ spouse ☐ child ☐ other)
Claim Address _____ 2nd Insurance Carrier _____
City _____ State _____ Zip _____ Phone # _____ Claim Address _____
Patient Status ☐ Hospital Inpatient ☐ Hospital Outpatient ☐ Hospital Non-Patient Insured's DOB _____

▲ **Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service (Highest Specificity Required)**

☐ **Billing Information Attached**

† HISTOLOGY = Gross & Microscopic Exam

ICD-CM▲ _____
Collection Date_____ **Collection Time** _____
Specimen Type _____
Number of Vials Submitted
(UroScore® requires a sextant (6+ vials) biopsy & a PSA Value)
☐ Prostate Histology ☐ Prostate Histology w/UroScore®
Prostate Histology, Reflex to ProMark® Prognostic Test@ on:
☐ Gleason 6 ☐ Gleason 7 (3+4) ☐ Gleason 6 or 7 (3+4)
ProMark® only available to CTR Certified physicians.
Prostate Histology, if Gleason 6 or 7 (3+4), Reflex to:
☐ PTEN IHC ☐ PTEN/ERG IHC
☐ Prostate Histology, Reflex to ConfirmMDx@ on negative/HGPIN
ConfirmMDx only available to CTR certified physicians
☐ Bladder Histology Biopsy
☐ Bladder Histology TUR
☐ Vas Deferens (Sterilization) Histology
☐ Other Histology: _____
☐ Consultation: _____
PSA Date _____ PSA ___ ___ ___ ___ • ___ ng/mL
DRE Finding ☐ Suspicious ☐ Isolated Nodule ☐ Normal ☐ Multiple Nodules
Previous Biopsy ☐ Positive ☐ PIN ☐ Negative ☐ Suspicious
Therapy ☐ Cryosurgery ☐ Hormone Therapy ☐ Chemotherapy ☐ Radiation Therapy

STONES

ICD-CM▲
REQUIRED
Total Volume mls **Specimen Type**
Collection Date **Collection Time** AM ☐ PM ☐
☐ **Stone Analysis - Urinary Tract Calculus** (Stone Analysis Kit)
☐ Spontaneously Passed ☐ Lithotripsy ☐ Surgically Removed

24 HR URINE

Urine Chemistry Profiles (Dianon 24hr Urine Kit REQUIRED)
Check profile below or individual tests available in Chemistry section.
☐ UroStone®24 Uric Acid (Uric Acid/Creatinine/Sulfate)
☐ Creatinine Clearance (Serum Creatinine/Urine Creatinine)
requires serum & urine specimens and
Patient Height: _____ ***Inches*** **&** **Weight:**_____ ***lbs.***
☐ UroStone®24 Cystine★ (Creatinine/Qualitative Cystine*)
☐ UroStone®24 Calcium (Creatinine/Calcium/Sodium/pH)
☐ UroStone®24 Citrate (Citrate/Creatinine)
☐ UroStone®24★ (Calcium/Citrate/Creatinine/Magnesium/Oxalate/pH/Phosphorus/Qualitative Cystine*/Sodium/Uric Acid)
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MicrocytePLUS®/URINE CYTOLOGY

ICD-CM▲
Collection Date **Collection Time** AM ☐ PM ☐
Clinical Data ☐ Hematuria
☐ TCC, Current ☐ TCC, History Dx Date:_____
☐ Other:_____
Specimen Type (Required)
☐ Voided Urine (Bladder) ☐ Catheterized Urine
☐ Post-Cysto Void ☐ Bladder Wash
☐ Ileal Conduit/NeoBladder ☐ Urethral Wash
☐ Renal Wash - Left ☐ Renal Wash - Right
☐ Ureter Wash - Left ☐ Ureter Wash - Right
☐ Other_____
INDIVIDUAL TESTS: (May be ordered or added to profile)
☐ VU6 Pap Stain (only) Urine Cytology ‡
☐ FNA (Fine Needle Aspiration) Site:_____
☐ K600D UroVysion® FISH (Pathologist Review) ‡
☐ β2 Microglobulin ❖ ☐ Microalbumin ❖ ☐ Total Protein ❖

MicrocytePLUS® URINE CYTOLOGY PROFILES

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Cytodiagnostic Urinalysis Correlating Cytology (by concentration technique, includes Pap and Feulgen stain), Urine Dipstick Chemistry, β2 Microglobulin, Microalbumin, and Total Protein

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Cytology (Pap and Feulgen stain)

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MICROBIOLOGY•

ICD-CM▲
Specimen Type
Collection Date **Collection Time** AM ☐ PM ☐
☐ Culture@/ID@/Susceptibility@
☐ Yeast Culture ☐ Gram Stain
☐ Other: _____
Source: _____
Rx: _____ ☐ None
☐ Voided ☐ Cath ☐ Other: _____

CHEMISTRY

ICD-CM▲
Specimen Type
Collection Date **Collection Time** AM ☐ PM ☐
Fasting? Yes ☐ No ☐ **Frozen** ☐
S = Serum U = 24 Hr. Urine

Endocrinology
☐ Total PSA@%
☐ Total PSA@%/**Rflx** Free PSA with free/total PSA ratio
☐ Total PSA@% and Free PSA with free/total PSA ratio
☐ Testosterone
☐ Unbound Testosterone
☐ Testosterone/Unbound Testosterone with % Free
☐ FSH
☐ LH
☐ Prolactin
☐ AFP@
☐ Beta HCG@%
☐ TSH@%

Individual Serum/ 24 Hr. Urine Chemistry
☐ Alkaline Phosphatase
☐ Albumin (S)
☐ ALT
☐ Ammonia (U)
☐ AST
☐ BUN
☐ Calcium (S, U)
☐ Chloride (S, U)
☐ Cholesterol@%
☐ Citrate (U)
☐ CO2
☐ Creatinine (S, U)
☐ Cystine (U)★
☐ Direct Bilirubin
☐ Glucose@%
☐ HDL@%
☐ Magnesium (S, U)
☐ Oxalate (U)
☐ pH (U)
☐ Phosphorus (S, U)
☐ Potassium (S, U)
☐ PTH
☐ Sodium (S, U)
☐ Sulfate (U)
☐ Total Bilirubin
☐ Total Protein (S, U)
☐ Triglyceride@%
☐ Uric Acid (S, U)

Hematology
(Must test within 48 hours)
☐ CBC with Plt@
☐ CBC with Plt and Diff@

Panels
☐ Electrolyte Panel
☐ Lipid Panel@%
☐ Hepatic Function Panel
☐ Basic Metabolic Panel
☐ Renal Function Panel
☐ Comp. Metabolic Panel
Panel components on back

☐ PCA3 Assay
☐ Dianon performed venipuncture & PST Initials _____

HISTORY

Indicate previous Urinary Tract/Systemic Disorders, Biopsy or Therapy Results, and current Medications:

★ *Quantitative Cystine performed on positive Qualitative Cystine at additional charge.* • ID and Susceptibility at additional charges per organism if indicated.
When ordering tests for which Medicare or Medicaid reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient.
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PHYSICIAN'S COPY (260N) Rev 11/08/2018

Refer to Determining Necessity of ABN Completion on reverse.

Symbols Legend
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Specimen Label Instructions . . .

1. Complete the requisition with all requested information.
2. Remove the required number of labels from the front of this sheet.
3. Place one (1) label on each specimen container (not on lid).

Any Questions? Please Call Client Services at 1-800-411-1839

Medical Necessity

Determining Necessity of Advance Beneficiary Notice of Noncoverage (ABN) Completion*

1. **Diagnose.** Determine your patient's diagnosis.
2. **Document.** Write the diagnosis code(s) on the front of this requisition.
3. **Verify.** Determine if the laboratory test(s) ordered for the patient is subject to Local Coverage Determination or National Coverage Determination. This information can be located in the policies published by your Medicare Administrative Contractor (MAC), CMS, or www.LabCorp.com/MedicareMedicalNecessity.
4. **Review.** If the diagnosis code for your patient does not meet the medical necessity requirements set forth by the Medicare carrier or the test(s) is/are being performed more frequently that the carrier allows, an ABN should be completed.

*An ABN should be completed for all tests that are considered research or investigational by Medicare.

How to Complete an Advance Beneficiary Notice of Noncoverage (ABN)

Medicare is very specific in requiring that all of the information included on the ABN be completed. Additionally, LabCorp requests that the specimen number or bar code label be included on the form. To be valid an ABN must:

1. Be executed on the CMS approved ABN form (CMS-R-131)
2. Identify the Medicare Part B Beneficiary, using the name as it appears on the patient's red, white and blue Medicare card
3. Indicate the test(s)/procedure(s) which may be denied within the relevant reason column
4. Include an estimated cost for the test(s)/procedure(s) subject to the ABN
5. Have 'Option 1', 'Option 2', or 'Option 3' designated by the beneficiary
6. Be signed **and** dated by the beneficiary or his/her representative **prior to** the service being rendered

Symbols used to designate local/national medical review as of 10/01/2018

@ = Subject to Medicare medical necessity guidelines
% = Subject to Medicare frequency guidelines
# = Medicare deems investigational. Medicare does not pay for services it deems investigational.

TUBE AND SPECIMEN TRANSPORTATION REQUIREMENTS

TEST	TUBE	CPT	SPECIMEN	TEST	TUBE	CPT	SPECIMEN	TEST	TUBE	CPT	SPECIMEN
AFP	(SST)	82105	(S,R)	Comprehensive Metabolic Panel	(SST)	80053	(S,R)	Prolactin	(SST)	84146	(S,R)
Albumin	(SST)	82040	(S,R)	Creatinine	(SST)	82565	(S,R)	PSA	(SST)	84153	(S,R)
ALT	(SST)	84460	(S,R)	Creatinine Clearance	(Urine+SST)	82575	(U,S,R)	PSA, Free	(SST)	84154	(S,R)
Alkaline Phosphatase	(SST)	84075	(S,R)	Direct Bilirubin	(SST)	82248	(S,R)	PTH ♦	(SST)	83970	(S,R)
AST	(SST)	84450	(S,R)	Electrolyte Panel	(SST)	80051	(S,R)	Renal Function Panel	(SST)	80069	(S,R)
Basic Metabolic Panel	(SST)	80048	(S,R)	FSH	(SST)	83001	(S,R)	Sodium	(SST)	84295	(S,R)
Beta HCG	(SST)	84702	(S,R)	Glucose	(SST)	82947	(S,R)	Testosterone	(SST)	84403	(S,R)
BUN	(SST)	84520	(S,R)	Hepatic Function Panel	(SST)	80076	(S,R)	Total Bilirubin	(SST)	82247	(S,R)
Calcium	(SST)	82310	(S,R)	HDL	(SST)	83718	(S,R)	Total Protein	(SST)	84155	(S,R)
CBC with Plt	(LT)	85027	(WB,R)	LH	(SST)	83002	(S,R)	Triglycerides	(SST)	84478	(S,R)
CBC with Plt & Diff	(LT)	85025	(WB,R)	Lipid Panel	(SST)	80061	(S,R)	TSH	(SST)	84443	(S,R)
Chloride	(SST)	82435	(S,R)	Magnesium	(SST)	83735	(S,R)	Unbound Testosterone	(SST)	84402	(S,R)
Cholesterol	(SST)	82465	(S,R)	Phosphorus	(SST)	84100	(S,R)	Uric Acid	(SST)	84550	(S,R)
CO_2	(SST)	82374	(S,R)	Potassium	(SST)	84132	(S,R)				

TUBE REQUIREMENTS: SST-Serum Separator Tube LT-Lavender Top

SPECIMEN REQUIREMENTS: F-Frozen S-Serum R-Refrigerate U-Urine WB-Whole Blood
♦ Must be processed within 48 hours of collection if not received frozen

MicrocytePLUS®/Urine Cytology

Test	Urine Collection Method	CPT
994 Hematuria Profile 1 - Urine Cytology	Voided, Catheterized, Post-Cysto Void	88108, 88313, 81003, 82232, 82043, 84156
K600D UroVysion® Pathodiagnostic	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	If automated 88121, if manual 88120
VU1D UroVysion®/Cytology Pathodiagnostic Profile	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88112; if automated 88121, if manual 88120
VU4D UroVysion® Reflex/Cytology Pathodiagnostic	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Renal Wash, Ureter Wash	88112; if reflexed, automated 88121, if manual 88120
VU3 Cytology Plus Monitoring Profile	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Ileal Conduit/Neobladder, Renal Wash, Ureter Wash	88112
VU6 Cytology Pap Stain Only	Voided, Catheterized, Post-Cysto Void, Bladder Wash, Ileal Conduit/Neobladder, Renal Wash, Ureter Wash	88112

EXPLANATION OF MicrocytePLUS®/URINE CYTOLOGY TESTING

Hematuria Profile I - Urine Cytology for directing further evaluations of patients currently not monitored for TCC who present with hematuria or other signs of urinary tract or renal disease. Feulgen performed on all urine CYTOLOGY PROFILES.

Urine Volume – Provide a minimum of 50mL urine for optimum cellularity.
Urine Viability – Hematuria to 5 days, UroVysion® to 7 days, Cytology to 8 days.

UroVysion® Cytology Pathodiagnostic Profile for therapeutic monitoring of patients with a history of TCC and for initial diagnosis of patients presenting with hematuria with suspicions of TCC.
UroVysion® Pathodiagnostic Test is UroVysion® FISH Assay, including diagnostic interpretation with clinical correlation by pathologist (MD).
UroVysion® results are intended for use as a method for monitoring for tumor recurrence in patients previously diagnosed with bladder cancer.
UroVysion® will not be performed on Ileal Conduit/Neobladder urine specimens.
UroVysion® is a registered trademark of Abbott Laboratories

EXPLANATION OF REFLEX TESTING

Reflex Free PSA Testing

Free PSA will be performed and billed if "Reflex Free PSA" is requested and the total PSA results fall within the requesting physician's previously defined parameters. The default range is 2-10 ng/ml.

Quantitative Cystine

When a qualitative cystine is positive, a quantitative cystine will be performed at an additional charge.

Specimen Collection Information

*Avoid submitting tissue specimens on fibrous materials such as gauze.
*After tissue has been obtained, place biopsy into 10% Formalin immediately. Do Not allow to air dry.
*All Urine Cytologies, FNA's and Fluid Aspirates must be submitted in the cytology alcohol fixative provided.
*Hematuria Profile Specimens must be collected in a preservative tablet kit.
*All 24 Hour Urine Specimens must be collected in a Dianon 24 Hour Urine Specimen Collection Kit (orange collection container) and submitted in the two vials provided with the kit.

HELPFUL HINTS

24 Hour Urine Specimens - Do Not Collect First Morning Void

Ordering Kits

Kit Orders may be placed through our Client Relations Department at 800-411-1839.

Please do not return unused histology vials or fixative bottles to our lab. Please dispose of unused histology vials in accordance with local laws and regulations regarding formalin disposal.

DESCRIPTION OF PRIMARY LAB TESTING

AMA PANELS

Electrolyte Panel 80051 - Sodium, Potassium, Chloride, Carbon Dioxide

Lipid Panel 80061@% - Chol@%, HDL@%, LDL (calculated)@%, Triglycerides@%

Hepatic Function Panel 80076 - Total Protein, Albumin, Total Bilirubin, Direct Bilirubin, Alkaline Phosphatase, SGOT (AST), SGPT (ALT)

Basic Metabolic Panel 80048 - Calcium, CO2 (Carbon Dioxide), Chloride, Creatinine, Glucose@%, Potassium, Sodium, Urea Nitrogen (BUN)

Renal Function Panel 80069 - Albumin, Calcium, CO2 (Carbon Dioxide), Chloride, Creatinine, Glucose@%, Phosphorus Serum, Potassium, Sodium, Urea Nitrogen (BUN)

Comprehensive Metabolic Panel 80053 - SGPT (ALT), Albumin, Total Bilirubin, Calcium, Chloride, Creatinine, Glucose@%, Alkaline Phosphatase, Potassium, Total Protein, Sodium, SGOT (AST), Urea Nitrogen (BUN), CO2 (Carbon Dioxide)

PROFILES

Hematology 85027@ / 85025@ - CBC with PLT@, CBC with PLT and Diff@
PCA3 Assay - 81313

24 Hr Urine CPT Codes

Ammonia 82140, Calcium 82340, Chloride 82436, Citrate 82507, Creatinine 82570, Magnesium 83735, Oxalate 83945, pH 83986, Phosphorus 84105, Potassium 84133, Qualitative Cystine 82127, Quantitative Cystine 82131, Sodium 84300, Sulfate 84392, Total Protein 84156, Uric Acid 84560

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ConfirmMDx test performed and billed by MDxHealth® at Irvine, CA.

Test Combination/Panel Policy

LabCorp's policy is to provide physicians, in each instance, with flexibility to choose appropriate tests to assure that the convenience of ordering test combinations/panels do not distance physicians who wish to order a test combination/panel from making deliberate decisions regarding which tests are truly medically necessary. All the tests offered in test combinations/panels may be ordered individually using the LabCorp request form. LabCorp encourages clients to contact their local LabCorp representative or LabCorp location if the testing configurations shown here do not meet individual needs for any reason, or if some other combination of procedures is desired.

In an effort to keep our clients fully informed of the content, charges and coding of its test combinations/panels when billed to Medicare, we periodically send notices concerning customized test combinations/panels, as well as information regarding patient fees for all LabCorp services. We also welcome the opportunity to provide, on request, additional information in connection with our testing services and the manner in which they are billed to physicians, health care plans, and patients.

The CPT code(s) listed here are in accordance with the current edition of Current Procedural Terminology, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another. Consequently, the codes presented here are intended as general guidelines and should not be used without confirming with the appropriate payor that their use is appropriate in each case. All laboratory procedures will be billed to third-party carriers (including Medicare and Medicaid) at fees billed to patients and in accordance with the specific CPT coding required by carrier. Microbiology CPT code(s) for additional procedures such as susceptibility testing, identification, serotyping, etc. will be billed in addition to the primary codes when appropriate. LabCorp will process the specimen for a Microbiology test based on source.

(260N) Rev11/08/2018