



PATHOLOGY & CYTOLOGY LABORATORIES
CHIPPS, CAFFREY & DUBILIER, P.S.C.

290 BIG RUN ROAD
LEXINGTON, KY 40503-2903
(859) 278-9513
WATS 1-800-264-0514
FAX 1-859-277-6063

ACCESSION NUMBER

USE ADDRESSOGRAPH STAMP HERE

- BILLING INFORMATION (MUST BE CHECKED)
- ACCOUNT
 - PATIENT
 - INSURANCE
 - IN-PT. OUT-PT.
 - _____

Urology

PATIENT INFORMATION (PLEASE PRINT) **SOCIAL SECURITY NO. REQUIRED**

PATIENT NAME: LAST _____ FIRST _____ MI _____ CLIENT REF # _____

SEX M F DATE OF BIRTH _____ DATE COLLECTED _____ REQUESTING PHYSICIAN (REQUIRED) _____ DATE _____ TIME _____

ADDITIONAL COPY OF REPORT TO: (ADDRESS REQUIRED) _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLEASE COMPLETE BILLING & INSURANCE INFORMATION - ATTACH COPY OF INS. CARD OR DEMOGRAPHICS SHEET

ADDRESS REQUIRED FOR ALL PATIENTS

BC/BS BGFH HUMANA AETNA UHC KY UHC OTHER

POLICY ID# _____

ADDRESS (INCLUDE APT #) _____ APT. # _____ GROUP _____ INSURANCE NAME _____

CITY _____ STATE _____ ZIP code _____ INS. ADDRESS _____

TELEPHONE NO. HOME _____ TELEPHONE NO. WORK _____ CITY/STATE _____ ZIP _____

RESPONSIBLE PARTY/POLICYHOLDER (IF OTHER THAN PATIENT) _____

MEDICARE ID# _____ ABN REQUIRED

ADDRESS (INCLUDE APT #) _____

MEDICAID ID# _____

MCO ID# _____

CITY _____ STATE _____ ZIP CODE _____

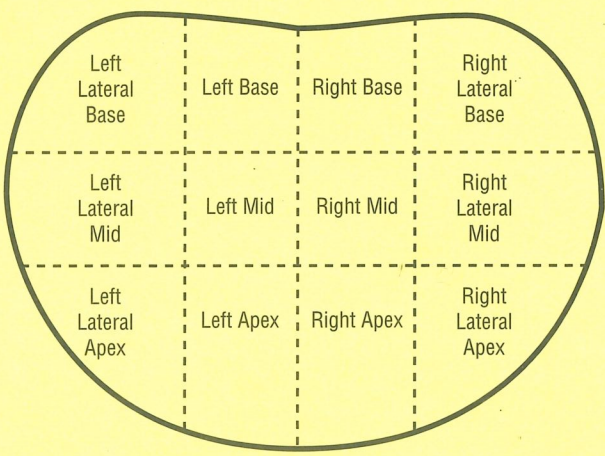
PROVIDE ALL INFORMATION REQUESTED BELOW FOR FNA/NON-GYN OR BIOPSY SPECIMENS

CLINICAL DATA

- PSA**
- Elevated PSA (R97.2)
PSA _____ ng/ml on ____/____/____
 - Prostate Nodule *without* urinary obstruction (N40.2)
 - Prostate Nodule *with* urinary obstruction (N40.2)
 - History of Prostate Cancer (Z85.46)
- Hematuria**
- Unspecified (R31.9)
 - Gross (R31.0)
 - Microscopic, Benign (R31.1)
 - Microscopic, Other (R31.2)
- Other**
- History of Bladder Cancer (Z85.51)
 - Sterilization, Vasectomy (Z30.2)
 - Other _____

HISTOLOGY SPECIMEN

PLEASE INDICATE SPECIMEN SITES WITH AN "X"



Other Site(s) _____

Biopsy Date _____ # of Bottles _____

- Source**
- Prostate Biopsy
 - Testicular Biopsy
 - Bladder Biopsy
 - Bladder Tur
 - Vas Deferens
 - Other _____

CYTOLOGY SPECIMEN

- Cytology Only
 - UroVysion (FISH) Only
 - Other _____
- Source**
- Voided Urine
 - Catheterized Urine
 - Post Cysto Void
 - Ileal Conduit
 - Bladder Washing
 - Other _____

FOR LABORATORY USE ONLY - BELOW THIS LINE

88300	88305	88311	88329	88341	88360	88112	88333	Specimen Preparations
88302	88307	88312	88331	88342	10021	88172	88334	<input type="checkbox"/> Thin Prep <input type="checkbox"/> Cell Block
88304	88309	88313	88332	88344	88104	88173	88499	<input type="checkbox"/> Cytospin <input type="checkbox"/> Smears <input type="checkbox"/> Other