

4980 Carroll Canyon Road  
San Diego, California 92121  
Toll Free 888.VANTAGE (888.826.8243)  
Fax 858-638-8298

**CYTOLOGY/FISH SPECIMEN LABELS**

XXXXX	XXXXX
XXXXX	XXXXX
XXXXX	XXXXX

PATIENT LAST NAME										FIRST										MI										BIRTHDATE					SEX																								
STREET ADDRESS															PLEASE ATTACH COPY OF PATIENT'S INSURANCE CARD																																												
CITY										STATE										ZIP										PHONE #																													
GUARANTOR'S NAME										STREET ADDRESS										CITY										STATE										ZIP										PHONE #									
BILL: <input type="checkbox"/> PATIENT <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> INSURANCE <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDI-CAL															MRN/SSN #																																												
INS. CO. NAME										SUBSCRIBER NAME										MEMBER ID #																																							
GROUP #										INS. ADDRESS																																																	

**BLADDER (check all that apply)**

- V10.51 History of Bladder Cancer  
 188.9 Malignant Neoplasm of Bladder  
 599.71 Gross Hematuria  
 Other (with ICD-9): \_\_\_\_\_
- 599.72 Microscopic Hematuria  
 599.70 Unspecified Hematuria  
 788.1 Dysuria

**PROSTATE (check all that apply)**

- V10.46 History of Prostate Cancer  
 790.93 Elevated PSA  
 600.90 Hyperplasia of Prostate  
 Other (with ICD-9): \_\_\_\_\_
- 236.5 Uncertain Neoplasm Prostate  
 185 Malignant Neoplasm of Prostate  
 187.8 Malignant Neoplasm Unspecified

**CYTOLOGY/FISH**

- Urine cytology only  
 Urine cytology w/reflex to UroVysion™ by FISH  
 If Cytology is:  Positive  Atypical/Suspicious  Negative
- UroVysion™ by FISH  
 Bladder biopsy
- SPECIMEN COLLECTION:**  
 Bladder Wash  Cath Urine  Cystoscopy  Ileal Conduit  
 Ureteral Brushing  Voided Urine  Other: \_\_\_\_\_

**PROSTATE**

- PREVIOUS BIOPSY:**  Benign  Suspicious  HGPIN  Malignant  None Previous PSA: \_\_\_\_\_ Date: \_\_\_\_\_
- COLLECTION METHOD:**  TURBT  Needle Core Biopsy  TURP  Cold Cup Biopsy  Other: \_\_\_\_\_
- CLINICAL FINDINGS:**  Normal  Abnormal Stage:  T1c  T2a  T2b  T2c  T3
- Bx INDICATIONS:**  Elevated PSA  Mass/Abnormal DRE  Other: \_\_\_\_\_

**BIOPSY SITE/SOURCE**

Remove the appropriate labels and attach to side (NOT TOP) of each specimen container

Number of Prostate Jars \_\_\_\_\_  
 PSA \_\_\_\_\_ ng/ml  
 % Free PSA \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

L SEM VESICLE		BASE		R SEM VESICLE		L TRANS ZONE	
L LAT BASE		L BASE		R BASE		R TRANS ZONE	
L LAT MID		L MID		R MID		LEFT	
L LAT APEX		L APEX		R APEX		RIGHT	
L		APEX		R		BASE	
						MID	
						APEX	
						OTHER	
						OTHER	

**Attention Physician**

Patient, Client and Billing Information is requested for the timely processing of this case. Medicare, Medi-cal and other third party payors require that test be medically necessary.



**UroVysion by FISH and Urine Cytology - Specimen Requirements:**

Collect a minimum of 33mL of voided urine. If the urine exceeds 60mL pour off excess volume.  
Mix specimen thoroughly and immediately add preservative, 2 parts urine to 1 part preservative.  
Total fluid volume should not exceed 90mL. Immediately refrigerate and send on the day of collection.