NovinoPath
www.novinopath.com

REQUISITION FORM
Genitourinary Pathology

NovinoPath Diagnostics
214-10 24th Ave
Bayside, NY 11360
TEL: (718) 663-2118
1443 NE 4th Ave
Fort Lauderdale, FL 33304
FAX: (888) 377-1244

PART A: Patient Information - *Required*

Patient Name:_____

Date of Birth_____ Gender M____F____

Address:_____

City_____ State_____ Zip Code_____

Social Security:_____ EMR#_____

Specimen collection date:_____

PART B: Provider Information - *Required*

Provider:_____

Address: _____

City_____ State_____ Zip Code_____

Phone:_____ Fax:_____

NPI#_____ Signature_____

Send Duplicate Report to: Name_____ Address/Fax_____

PART C: Indications/Clinical History:

- ☐ Gross hematuria (R31.0)
- ☐ Benign Hematuria (R31.1)
- ☐ Abnormal findings cyto/histo (R82.89)
- ☐ Abnormal findings urine (R82.90)
- ☐ Bladder cancer (C67.9)
- ☐ Neoplasm of bladder (D49.4)
- ☐ Acute cystitis (N30.0)
- ☐ Cystitis, unspecified (N30.9)
- ☐ Prostate cancer (C61)
- ☐ Disorder of prostate (N42.9)
- ☐ Elevated PSA (R97.20)
- ☐ Prostatocystitis (N41.3)
- ☐ Acute prostatitis (N41.0)
- ☐ Prostatitis, other (N41.8)
- ☐ Genital disorder, Male (N50.9)
- ☐ Genital neoplasm (C63.9)
- ☐ Sterilization (Z30.2)
- ☐ _____

PART D: Insurance Billing Information: *Send Bill to:* Patient:____ Insurance:____

Name of Primary Insurance CO _____ Insured ID _____ Group # _____

Relationship to Insured Self ☐ Spouse ☐ Child ☐ Other ☐

Insured's Name _____ Insured Date of Birth _____/_____/_____

Please Attach: 1) A copy of the front/back of patient's insurance card(s) or 2) Printout patient demographics and insurance information from your EHR

PART E: Specimen Information: No. of Container(s):_____

I. Biopsy / Cytology

- ☐ Bladder Biopsy
- ☐ Urine Cytology
- ☐ Skin Biopsy
- ☐ Urovysion / FISH
- ☐ Vas Deferens
- ☐ Feulgen Stain
- ☐ _____
- ☐ IHC stain (CK17)

II. Urinary Tract Infection Test (*Urine Specimen Required*) ☐ Voided ☐ Instrument

- ☐ Urinalysis
- ☐ Urinalysis RFLx to Microscopy
- ☐ Complete UTI Panel with Antibiotic Resistance Panel

☐ Urinary Tract Infection Panel

- ☐ Escherichia coli
- ☐ Klebsiella pneumoniae
- ☐ Streptococcus agalactiae (GBS)
- ☐ Pseudomonas aeruginosa
- ☐ Staphylococcus saprophyticus
- ☐ Enterococcus faecium
- ☐ Staphylococcus aureus
- ☐ Pan-Candida [C. glabrata, C. parapsilosis, C. tropicalis, C. albicans]

☐ Antibiotic Resistance Panel

- ☐ Carbapenem-hydrolyzing class A beta-lactamase KPC (blaKPC)
- ☐ Class A extended-spectrum beta-lactamase CTX-M (blaCTX-M)
- ☐ Subclass B1 metallo-beta-lactamase (blaNDM)
- ☐ D-alanine-(R)-lactate ligase VanA | VanB
- ☐ Trimethoprim-resistant dihydrofolate reductase DfrA17
- ☐ Sulfonamide-resistant dihydropteroate synthase Sul1 (sul1)
- ☐ PBP2a family beta-lactam-resistant peptidoglycan transpeptidase (MecA)
- ☐ Aminoglycoside resistance genes [AadA1 | AAC(3)-Ia | AAC(6)-Ib-cr | AAC(6)-Ib]

FOR LAB USE ONLY:

Receiving Date:_____ Time:_____ Accession#_____ Note:_____