DPMG UROLOGY SPECIMEN REQUISITION FORM

Diagnostic Pathology Medical Group, Inc.

Customer Service and Courier Pickup
916-446-0424; Toll-free 800-464-0424
FAX 916-446-9330 www.dpmginc.com
3301 C Street, #200E, Sacramento, CA 95816

Form completed by: _____

Additional Copies of Report To (Name and Address): _____

Patient Name: Last, First			Date Specimen Taken
Patient Address	City	Zip Code	Telephone Number
Date of Birth	Age	Sex	MRN

INSURANCE ☐ Copy of insurance card(s) attached ☐ Cash pay patient

Prostate Core Biopsies (please check ones submitted)

☐ Left Lateral Base
☐ Left Base
☐ Left Lateral Mid
☐ Left Mid
☐ Left Lateral Apex
☐ Left Apex
☐ Right Lateral Base
☐ Right Base
☐ Right Lateral Mid
☐ Right Mid
☐ Right Lateral Apex
☐ Right Apex
☐ Left Transitional Zone
☐ Right Transitional Zone
☐ Other _____
☐ Other _____

Other Biopsies/tests

☐ Location _____ Procedure _____ Clinical Impression _____
☐ Location _____ Procedure _____ Clinical Impression _____
☐ Location _____ Procedure _____ Clinical Impression _____
☐ Location _____ Procedure _____ Clinical Impression _____

☐ Urine Cytology ☐ Urine Cytology/FISH ☐ Urine Cytology Reflex FISH (atypical results) ☐ FISH only
☐ Kidney Stone Analysis ☐ Chlamydia ☐ Gonorrhea ☐ Trichomonas ☐ Mycoplasma Genitalium ☐ HSV 1 & 2 (swab)

Clinical Data: Ultrasound/DRE findings: _____ PSA _____ ng/ml Date _____

ICD-10 Diagnosis Code (Required for all specimen referrals): _____

Patient full name required - Place completed specimen label sticker on each container.
(For more stickers, use additional requisition.)

U00035931

Name (Last/First) _____ Date _____ Specimen _____ U00035931-1	Name (Last/First) _____ Date _____ Specimen _____ U00035931-2	Name (Last/First) _____ Date _____ Specimen _____ U00035931-3
Name (Last/First) _____ Date _____ Specimen _____ U00035931-4	Name (Last/First) _____ Date _____ Specimen _____ U00035931-5	Name (Last/First) _____ Date _____ Specimen _____ U00035931-6
Name (Last/First) _____ Date _____ Specimen _____ U00035931-7	Name (Last/First) _____ Date _____ Specimen _____ U00035931-8	Name (Last/First) _____ Date _____ Specimen _____ U00035931-9
Name (Last/First) _____ Date _____ Specimen _____ U00035931-10	Name (Last/First) _____ Date _____ Specimen _____ U00035931-11	Name (Last/First) _____ Date _____ Specimen _____ U00035931-12

LINER