TEL # 1-888-"ACUPATH" (228-7284)	PATHOLOGY	
TEL # (516) 775-8103 FAX # (516) 326-3452 28 S. TERMINAL DRIVE, PLAINVIEW, NY 11803	EQUEST FORM	
ACUPATH WWW.ACUPATH.COM	ANY OMISSION N IN DELAY OF	
	PATIENT INFORMATION RACE (optional)	
		/ мо
	SS# DATE OF BIRTH	FO
	SS# DATE OF BIRTH	
	LAST NAME FIRST NAME	M.I.
GLOBAL	STREET ADDRESS	
PHYSICIAN SIGNATURE		
	CITY STATE ZIP	
CD-10 CODE:	TEL.# CHART# PATH	1#
	PLEASE ATTACH COPIES OF FRONT AND BACK OF INSURA	NCE CARD
STAT CHECK MARCINS CALL MD W/ RESULTS URINE CYTOLOGY & UR017 ICC ST	OR FILL OUT INSURANCE SECTION BELOW PATIENT'S PRIMARY INSURANCE	
□ Reflex to UroVysion™ FISH if Urine Cytol y is Atypical, Suspicious, or		
URO17 Positive	INSURED'S NAME D.O.B	/
□ URINE CYTOLOGY & URO17 ICC STALL® _ XOV SION™ FISH	NAME OF INSURANCE CO	
□ URINE CYTOLOGY& UROVYSION™ FISH	PT RELATIONSHIP TO INSURED: SELF SPOUSE CHILD	
URINE CYTOLOGY WITH REFLEX	POLICY #	
- Reflex to UroVysion™ FISH if Urine Cytology is Atypical or Suplicious	GROUP NAME/#	
URINE CYTOLOGY ONLY	SECONDARY INSURANCE	
□ UROVYSION™ FISH ONLY	IN CRED'S NAME D.O.B	/
UR017 ICC STAIN ONLY	NALE OF INSURANCE CO	
Collection Method:	RELATION VIP TO INSURED: SELF SPOUSE CHILD	
□ VOIDED URINE URETERAL WASHING: □ RT □ LT	POLICY#	DUTHER
	GRC NAME/#	
BLADDER WASHING		
Prostate - # of Jars # of Cores	I authorize the elease a my incurance carrier of any medical information r process this claim, and uthorize payment of medical benefits directly to a	
	Laboratories, Inc. unders. nd that if I do not have insurance, I will be bille Acupath Laborator, s, Inc. Valso are rize release of my pathology results	d directly by s to my doctor
□ PTEN & ERG FISH □ PTEN FISH □ ERG FISH	utilizing all methods a transmission a cording to HIPAA regulations.	, 10 11.) 000101
Bladder - # of Jars Other - # of Jars	Patient Signature	
□ HPV TISSUE (ISH) If Screen +, do subtype (6/11, 16/18, 31/33)		
Stone Analysis Location	Cancer (specify)     DRE Date	
Circle One: Spontaneous Passage / Surgical Removal / Lithotrips	Previous PSA	
Other Test Request	_ Other Clinical Data & Comments:	
* Includes IHC and special (billable) stains deemed necessary by Acupath pathologist		
$\frown$ $\bigcirc$	Disclaimer – De-identified patient d. a may be red fo	r R&D purpose
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	R KS CININAL	
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61621 MARGINAL WORD	гн асиратн	ACUPATH