DPMG UROLOGY SPECIMEN REQUISITION FORM

Clinician name and address:

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: ______________________

Please fill out this form completely and place completed specimen label sticker on each container

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	SSN	

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

Clinical Data: Ultrasound/DRE findings: ______________ PSA ________ ng/ml Date ________

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

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

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

U00005831

Name (Last/First) ________ Date ________ Specimen ________ U00005831-1	Name (Last/First) ________ Date ________ Specimen ________ U00005831-2	Name (Last/First) ________ Date ________ Specimen ________ U00005831-3
Name (Last/First) ________ Date ________ Specimen ________ U00005831-4	Name (Last/First) ________ Date ________ Specimen ________ U00005831-5	Name (Last/First) ________ Date ________ Specimen ________ U00005831-6
Name (Last/First) ________ Date ________ Specimen ________ U00005831-7	Name (Last/First) ________ Date ________ Specimen ________ U00005831-8	Name (Last/First) ________ Date ________ Specimen ________ U00005831-9
Name (Last/First) ________ Date ________ Specimen ________ P00214906-10	Name (Last/First) ________ Date ________ Specimen ________ U00005831-11	Name (Last/First) ________ Date ________ Specimen ________ U00005831-12