

Soldotna, AK 99669 Phone: 907-714-5381 Fax: 907-260-3419

Central Peninsula Urology

240 Hospital Place Suite 303 Soldotna, AK 99669 Phone: 907-714-5325

ALL FIELDS ARE REQUIRED

Please include Demographic Sheet and Patient History.
Please label your specimens.

Patient Information						
PATIENT LAST NAME		FIRST NAME		M.I.		
		I INOT IVANIL				
PATIENT DOB		MRN#		SEX		
TAILER DOD		WINTAW#		JLX		
Specimen Information						
COLLECTION DATE	TIME		ICD 10 COD	E(S)		
				,		
Authorizing Provider:						
(Name/Address)						
Ordering Provider:						
(Name/Address) Copy Report To:						
Copy Report 10.						
Clinical History/Procedure:						
DIAGNOSTIC AND CLINICAL IN			TDCATA	AFNIT.		
□ R97.20 Elevated PSA	□ D41.4 Neoplasm	of uncertain	TREATM			
□ R31.9 Hematuria	behavior, Bladder Resection					
□ Z30.2 Sterilization, Vas	□ C67.8 Malignant			Radiation		
□ Z85.46 Hx Prostate Cancer	bladder, unspecifie	d		Chemotherap	ру	
□ Z85.51 Hx Bladder Cancer	□ N40.0 Benign pro	state	Ц	BCG		
□ D40.0 Neoplasm of	hypertrophy with u	hypertrophy with urinary				
uncertain behavior, Prostate	obstruction'					
□Other:						
HISTOLOGY (TISSUE SPECIMENS)						
	HISTOLOG	Y (TISSUE SPECI	MENS)			
□ 1 to C Cove Dynastate Bion		Y (TISSUE SPECI	MENS)			
☐ 1 to 6 Core Prostate Biop					212	
(see diagram at right)		Y (TISSUE SPECI	MENS)	RB	RLB	
(see diagram at right) ☐ 6+ Core Prostate Biopsy				RB	RLB	
(see diagram at right)				RB	RLB RLM	
(see diagram at right) ☐ 6+ Core Prostate Biopsy (see diagram at right) ☐ Bladder Biopsy		LLB	LB			
(see diagram at right) ☐ 6+ Core Prostate Biopsy (see diagram at right)		LLB	LB			
(see diagram at right) ☐ 6+ Core Prostate Biopsy (see diagram at right) ☐ Bladder Biopsy	sy	LLB	LB			
(see diagram at right) ☐ 6+ Core Prostate Biopsy (see diagram at right) ☐ Bladder Biopsy ☐ Vas Deferens	sy	LLM	LB LM	RM	RLM	
(see diagram at right) ☐ 6+ Core Prostate Biopsy (see diagram at right) ☐ Bladder Biopsy ☐ Vas Deferens	sy	LLM	LB LM	RM	RLM	
(see diagram at right) ☐ 6+ Core Prostate Biopsy (see diagram at right) ☐ Bladder Biopsy ☐ Vas Deferens ☐ Other Histology Specimer	sy	LLM	LB LM	RM	RLM	
(see diagram at right) ☐ 6+ Core Prostate Biopsy (see diagram at right) ☐ Bladder Biopsy ☐ Vas Deferens ☐ Other Histology Specimer ☐ ALL SPECIMENS:	n:	LLM	LB LM	RM	RLM	
(see diagram at right) G+ Core Prostate Biopsy (see diagram at right) Bladder Biopsy Vas Deferens Other Histology Specimer ALL SPECIMENS: Time Tissue Removed:	n:	LLM	LB LM LA	RM RA	RLM	
(see diagram at right) ☐ 6+ Core Prostate Biopsy (see diagram at right) ☐ Bladder Biopsy ☐ Vas Deferens ☐ Other Histology Specimer ☐ ALL SPECIMENS:	n:	LLA	LB LM LA	RM RA	RLM	
(see diagram at right) G+ Core Prostate Biopsy (see diagram at right) Bladder Biopsy Vas Deferens Other Histology Specimer ALL SPECIMENS: Time Tissue Removed:	n:	LLM	LB LM LA	RM RA	RLM	
(see diagram at right) □ 6+ Core Prostate Biopsy (see diagram at right) □ Bladder Biopsy □ Vas Deferens □ Other Histology Specimer ———————————————————————————————————	n: NON-	LTZ CHARLES OF THE STATE OF THE	LB LM LA RTZ	RM RA LSV	RLM	
(see diagram at right) □ 6+ Core Prostate Biopsy (see diagram at right) □ Bladder Biopsy □ Vas Deferens □ Other Histology Specimer □ ALL SPECIMENS: Time Tissue Removed: Time Placed in Formalin: □ URINE CYTOLOGY: □ Voided Urine	NON-	LTZ CHARLES OF THE STATE OF THE	LB LM LA RTZ	RM RA LSV	RLM	
(see diagram at right) □ 6+ Core Prostate Biopsy (see diagram at right) □ Bladder Biopsy □ Vas Deferens □ Other Histology Specimer □ ALL SPECIMENS: Time Tissue Removed: □ Time Placed in Formalin: □ Voided Urine □ Cath Urine	NON-	LITZ CHARACTER STATE OF THE ST	LB LM LA RTZ	RM RA LSV	RLM	
(see diagram at right) □ 6+ Core Prostate Biopsy (see diagram at right) □ Bladder Biopsy □ Vas Deferens □ Other Histology Specimer □ ALL SPECIMENS: Time Tissue Removed: □ Time Placed in Formalin: □ Voided Urine □ Cath Urine □ Ileal Conduit	NON-	LITZ CHARACTER STATE OF THE ST	LB LM LA RTZ	RM RA LSV	RLM	
(see diagram at right) G+ Core Prostate Biopsy (see diagram at right) Bladder Biopsy Vas Deferens Other Histology Specimer ALL SPECIMENS: Time Tissue Removed: Time Placed in Formalin: Voided Urine Cath Urine lleal Conduit History of Bladder	NON-	LILM LITZ GYN CYTOLOGY CYT	LB LM LA RTZ FOLOGY - C Specimen S	RM RA LSV OTHER Source:	RLM	

Accession number: _____ Date and Time Received: ______
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