



Client

Account #

Name:

Address:

Phone:

Patient

Last, First M _____

Male Female

DOB _____ SS# _____

Address _____

Patient ID _____ Facility # _____

Preservative

Time/Date of Collection _____

PreservCyt®

Carbowax

Specimen

Voided Urine

Bladder Wash

Other _____

Physician

ORDERING PHYSICIAN

Phone _____

Fax _____

Billing

Client Insurance/Patient (Please Attach Copy Insurance Info)

Insurance Company _____

Policy # _____

Group # _____

Insurance Address _____

Indication

188.0-188.9 Malignant neoplasm of bladder

223.3 Benign neoplasm of bladder

233.7 Carcinoma *in situ* of bladder

236.7 Neoplasm of uncertain behavior of bladder

599.71 Hematuria

Other _____

Test

F URO - UroVysion® +3, +7, +17, 9p21-

Comments

Instructions

Collection

1. Collect urine in a routine manner.
2. After urine is collected, observe the volume of urine to calculate the volume of PreservCyt® to add. Add PreservCyt® at a 2:1 ratio of urine to PreservCyt®. For example: for 20 mL of urine, add 10 mL of PreservCyt®. The preferred combined volume of urine + PreservCyt® for performing the test is 50 ml. The minimum combined volume of urine + PreservCyt® is 35 ml.

Packaging and Transport

1. Make sure the cap is tightly sealed. (Keep turning until after you hear the audible click)
2. Place the cup and absorbent pads into a biohazard bag. Tightly seal bag and place paper work in the side pocket.
3. Specimen stable for 48 hours at 2-8° C.

Courier

1. Keep sample refrigerated until courier has arrived.
2. Call MPLN between 8:00 am and 5:30 pm. at 865.380.9746 or 800.932.2943 to request a courier.