



Client

**Account**

**Name:** Please call a client service specialist at 800.932.2943 to obtain an account # if you are not a registered Molecular Pathology Laboratory Network, Inc. *client*.  
**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.