Download the request form, fill it out, and email the completed form to info@impacthealthlabs.com. We'll take it from there and help you get your scan scheduled.

IMPACT HEALTH LABS

ProstateDX (PSB) Test Requisition Form

CLIA ID: 45D2176335
7110 N IH 35 Service Rd., Georgetown, TX 78628
P: 800-653-0602 | Director: Shane P. Sweeney, M.D. | ImpactHealthLabs.com

Patient Information

Last Name / First Name /

Address /

City / State / Zip / County

Phone | Email

DOB | SSN

Insurance | Subscriber ID

Group # | Bill to: ☐ Insurance ☐ Uninsured

Provider Information

Client Name / Account

Address / APT#

City / State / Zip

Phone | Fax #

Ordering Provider | Collection Date

Specimen Collected | State Collected | Collection Time

Medical Necessity

Signature below attests to the fact that the ProstateDX (PSB) test being ordered is medically necessary to diagnose/monitor this patients condition. You also attest that the results from this test will directly influence the patients treatment plan.

Provider Signature | Date

Provider Information

The information I have provided on this form is accurate. I authorize Impact Health Labs to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to Impact Health Labs for services I receive. I am aware that Impact Health Labs may be an out of network provider with my insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance payments.

LabGen Test Code:

P050

Collection Requirements:

Collect tubes in this order

One (each) - Serum Separator Tube (SST)

Two (each)- 6.0mL, K2E 10.8mg, Light Pink Top Tubes (LPT)

Invert LPT tubes 4-6 times to ensure distribution of the K2E anticoagulant.

Refrigerate all specimens.

Applicable DX codes (check all that apply)

- ☐ R97.20 elevated PSA
- ☐ R97.21 rising PSA
- ☐ R35.0 frequent urination
- ☐ R35.1 excessive urination at night
- ☐ Z80.42 family history of malignant neoplasm of prostate
- ☐ Z85.46 personal history of malignant neoplasm of prostate
- ☐ C.61 current malignant neoplasm of prostate
- ☐ R35.19 urgency of urination

Please include all clinical documentation regarding patient history, physical findings, and how the results from this test are to be used in the patient's diagnosis and treatment plan.

Include the following documentation if available:
Charleson Comorbity Index
MRI with Prostate Volume and Pi-Rads readings
Ultrasound with Prostate
DRE reading