

Urine Cytology/ NON-GYN Cytology (6301A and 6301) data form

Patient name: _____
Patient DOB: _____
Patient MRN: _____
Date of specimen: _____
Provider: _____
Diagnosis code (ICD10): _____

Urine Cytology (6301A)

Urine Cytology or/and FISH:

- Cytology and FISH
- Cytology and Reflex FISH
- Cytology Only

Previous Malignancy

- No
- Unknown
- Yes

Previous Chemotherapy/Radiation?

- No
- Unknown
- Yes

Diagnosis/Reason for Visit?

Diagnosis/Reason for Visit?

Patient Immunosuppressed?

- No
- Unknown
- Yes

NON-GYN Cytology (6301)

Specimen Source:

Cytology and/or Fungus/Pneumocystis stain?

(Fungal testing is appropriate for bronchs, CSF, Vitreous, and others only if clinically appropriate.)

- Cytology & Fungus/Pneumocystis Stain
- Cytology Only
- Fungus/Pneumocystis Stain

Diagnosis/Reason for Visit

Previous Malignancy

- No
- Unknown
- Yes

Malignancy Type?

Previous Chemotherapy/Radiation?

- No
- Unknown
- Yes

Patient Immunosuppressed?

- No
- Unknown
- Yes