

Tucson Pathology Associates



A Division of Pathology Specialists of Arizona, LLC

7350 E Speedway Blvd.
Suite 101
Tucson, Arizona 85710
Phone: (520) 396-4757
Fax: (520) 207-7986
www.tucsonpathology.com

Osama M. Abdelatif, MD
Jiakang Huang, MD
Sajit K. Vinayak, MD
Qinglong Hu, MD
Carlos Cantu, MD
Khalid About Nasr, MD
Irene Aguilera-Barrantes, MD

Urology Requisition - CMG

Please provide all patient information including insurance or a copy of the card.

Patient's Name
Or Label

Date
Time
DOB
City
Phone #

ICD10
For TPA use only

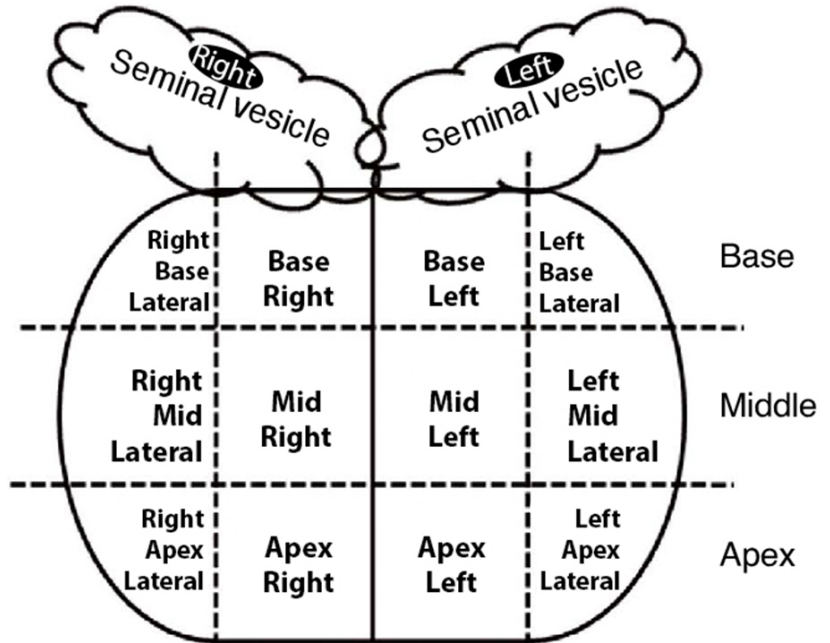
Patient's Address
Zip **State** **Phone #**

Patient's Insurance Info
Copy of Card: Y N

Specimen Description

PSA **Clinical Stage**

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- If positive do prostate prognostic studies
- If negative confirm to MDX

Copy to **Copy to**

Paper Web Fax Paper Web Fax

Physician

Specimen Receiver **Accessioner** **Date and Time Received**