

OUTLINED AREAS MUST BE COMPLETED

P A T I E N T	PATIENT IDENTIFIER		
	NAME, LAST (Please Print)		FIRST M.I.
	BIRTHDATE	M/F	DATE/TIME COLLECTED
	STREET		PHONE #
	CITY	STATE	ZIP

B I L L I N G	INSURANCE CARRIER NAME		ADDRESS		
	INSURED NAME		INSURED ID#	PT. RELATIONSHIP TO INSURED: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	
	GROUP # or NAME		<input type="checkbox"/> INSURANCE CHANGE		
	<input type="checkbox"/> MEDICARE #		<input type="checkbox"/> MEDICAID #		<input type="checkbox"/> SELF-PAY

I attest that this patient has been informed about and has given consent for the test(s) I have ordered below under applicable law.
PHYSICIAN SIGNATURE: (required)

X

REPORT COPY TO:

Medicare Patient Must Be COUNSELED on Medicare Medical Necessity Policy. Please See Reverse Side For ABN Signature.

A C C O U N T	Northwell Core Laboratory Account: S4762
	10 Nevada Drive New Hyde Park, NY 11042

ORDER COMMENTS	
ICD CODES (MUST BE PROVIDED)	

4Kscore® PROSTATE CANCER RISK EVALUATION	
Biopsy History: Has the patient had a previous biopsy? <input type="checkbox"/> No prior biopsy <input type="checkbox"/> Yes, Negative <input type="checkbox"/> Yes, Positive <i>(The 4Kscore® Test will not be performed with a Positive biopsy result)</i>	
DRE Results: <input type="checkbox"/> Nodule <input type="checkbox"/> Normal <input type="checkbox"/> Not Performed Do not use this test for a patient that has received a DRE in the previous 96 hours (4 days) before phlebotomy. A DRE performed after the phlebotomy is acceptable.	
Patient Date of Birth (MM/DD/YYYY) ____ / ____ / ____ The 4Kscore® Test will not be performed on a patient younger than 40 or older than 80 years of age. Sample Preparation - Fill tube, invert gently 2-3 times, let stand for 20 minutes, spin for 10 minutes, and label with patient name.	
K135-4 <input type="checkbox"/> PSA Total/Free w/Reflex to 4Kscore(4KPSA) J148-8 <input type="checkbox"/> 4Kscore® Test (S) (4Kscore)	

4Kscore® PROSTATE CANCER RISK EVALUATION	
DO NOT USE THIS TEST FOR A PATIENT:	
1. With a previous diagnosis of prostate cancer. 2. That has received a DRE in a previous 96 hours (4 days) before phlebotomy . A DRE performed after the phlebotomy is acceptable. 3. That has received within the previous six (6) months 5-alpha reductase inhibitor (5-ARI) therapy such as Avedart® (dutasteride) or Proscar® (finasteride). 4. That has undergone within the previous six (6) months any procedure or therapy to treat symptomatic BPH or any invasive, urologic procedure that may be associated with a secondary PSA elevation prior to phlebotomy.	