UNIVERSITY OF MICHIGAN	HOSPITALS & HEALT	TH CENTERS	BIRTHDATE:	
PATHOLOGY Testing / Diagnostic / Screening Requisition - Center for Translational Pathology Laboratory		RESULTS REPORTING LOCATION CODE:	NAME:	
ROUTINE			GENDER:	
ORDER DATE:/// STAT (mm/dd/yyyy)			CSN:	
ICD-9 Code/Diagnosis:		Ordering Clinician to receive report: ☐ See label above ☐ UMHS Dr. #:		
Collected by:				
Collected Date:	Collection Time:	Attending Physician	: (if different from above)	
	:am/pm	*		UMHS Dr. #:
PCA3 Prostate Car	ncer Antigen 3		Footnote Case/Account#:	
MIPS Mi-Prostate Score				
* Includes TMPRSS2:ERG + PCA3 + serum PSA				
Required: Please include recent serum PSA ng/ml Date test was performed:				
Note: MiPS test will not be performed without serum PSA value provided.				
GEN-PROBE PROGENSA PCA3 urine specimen transport tubes are required for the PCA3 and MIPS testing.				
Specimen Collection and Processing for PCA3 test AND MiPS test				
Specimen Collection:				
 Perform an attentive DRE immediately prior to specimen collection (the specimen should be collected within approximately 1 hour of DRE) a. Apply firm pressure from the base to the apex and from the lateral to the medial line of the prostate. Apply enough pressure to depress the surface slightly. Perform 3 strokes for each lobe. Instruct patient to collect the FIRST 20-30 mL of voided urine (do not cath) following the DRE. If processing cannot be performed within 15 minutes, store specimen refrigerated or on ice. 				
Specimen must be processed within 4 hours of collection.				
Specimen Processing:				
Add 2.5 mL of urine to each collection kit. Do not pund The added specimen volum Do NOT overfill or underfill. 3. Tightly re-cap each Transport The specimen is now a "proper Refrigerated specimens may be a specimen to the specimen of the	-PROBE PROGENSA PC ch of TWO TRANSPORT cture the foil seal on the me <u>MUST</u> fall between the I the transport tube. Foort Tube and gently inversessed" urine speciment that be received by MLab and ship on dry ice.	TUBES using the ecap of the vial. he two black fill limit 5 times to mix; on. Keep refrigerat	ed until packaged for transpor	e specimen
4. Label the Transport Tubes with: a. Patient's first and last name b. Second patient identifier such as the patient's medical record number or date of birth.				
(Requires Circulating	ng Tumor Cells by Cell Tumor Cell Collection T		Footnote Case/Account#:	
Breast Cancer Colorectal Cancer				
Prostate Cancer				
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