

**THIS IS NOT A TEST REQUEST FORM.**  
 The information below is required to perform prostate-specific Kallikrein, 4K Score testing.  
 Please fill out this form and submit it with the test request form or electronic packing list.

**PATIENT HISTORY FOR PROSTATE-SPECIFIC KALLIKREIN, 4K SCORE**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  F  M

Ordering Provider \_\_\_\_\_ Provider Phone \_\_\_\_\_

**Ordering Recommendation**

Test intended for patients age 40-80. Stratifies risk of aggressive prostate cancer in patients with elevated PSA where biopsy is being considered. Test should not be ordered if (1) prostate cancer was previously diagnosed; (2) digital rectal exam was performed within the last 4 days; (3) any procedure or therapy was used to treat symptomatic benign prostatic hyperplasia (BPH) within the past 6 months; (4) any invasive, urologic procedure that may be associated with a secondary PSA evaluation was done within the past 6 months; (5) 5-alpha reductase inhibitor (5-ARI) therapy, such as Avodart (dutasteride) or Proscar (finasteride), was administered within the past 6 months.

**2014059, Prostate-Specific Kallikrein, 4K Score**

1. 4K PAT HIS (Patient History)

- Rising PSA
- Abnormal DRE
- PSA >3.0
- Not Provided

3. 4K DRE (Digital Rectal Exam)

- Not Provided
- Not Performed
- No Nodule
- Nodule

2. 4K BIOP HIS (Biopsy History) Required

- No Biopsy
- Negative

4. 4K PAT DIS (Order discussed with patient)

- Yes
- No
- Not Provided

**Master Label**