
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.

PROSTATE-SPECIFIC KALLIKREIN, 4K SCORE PATIENT HISTORY FORM

Patient Name: _____ Date of Birth: _____

Sex Assigned at Birth: Female Male Intersex Gender Identity (optional): Female Male _____

Ordering Provider: _____ Provider's Phone: _____

Ordering Recommendation

This test is intended for patients 45–80 years of age. It stratifies the risk of aggressive prostate cancer in patients with elevated prostate specific antigen (PSA) where biopsy is being considered. Test should not be ordered if:

- Prostate cancer was previously diagnosed
- Digital rectal exam was performed within the last 4 days
- Any procedure or therapy was used to treat symptomatic benign prostatic hyperplasia (BPH) within the past 6 months
- Any invasive, urologic procedure that may be associated with a secondary PSA evaluation was performed within the past 6 months
- 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 BIOP HIS (Biopsy History) Required

- No Biopsy
 Negative

2. 4K DRE (Digital Rectal Exam) Required

- No Nodule
 Nodule

