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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: Sex Assigned at Birth: Female Male Intersex Ordering Provider:		Date of Birth: Gender Identity (optional): □Female □Male □		
				Provider's Phone:
			dering Recommendation	
	is test is intended for patients 45–80 years of age. It strati evated prostate specific antigen (PSA) where biopsy is beir		·	
•	Prostate cancer was previously diagnosed			
•	Digital rectal exam (DRE) 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			
20 ⁻	14059, Prostate-Specific Kallikrein, 4K Score			
1.	4K CIO (Clinical Indication for Ordering) Required			
	☐ 45-54 years old and total PSA ≥2 ng/mL	☐ 45-54 years old and total PSA ≥2 ng/mL		
	\Box 55-75 years old and total PSA ≥3 ng/mL	☐ 55-75 years old and total PSA ≥3 ng/mL		
	□ ≥76 years old and total PSA ≥4 ng/mL			
	\square Age-specific total PSA is lower than values as described above, but DRE is abnormal/suspicious			
2.	4K BIOP HIS (Biopsy History) Required			
	☐ No Biopsy			
	☐ Negative			
3.	4K DRE (Digital Rectal Exam) Required			
	□ Normal/Not Suspicious			
	□ Abnormal/Suspicious			
	□ Unavailable			
			Master Label	