

# Urology Statewide referral criteria – referral requirements

| Clinical condition  | *Urinary tract ultrasound | *CT intravenous pyelogram | Midstream urine (MC&S) | Creatinine & electrolytes | Initial PSA | Repeat PSA 1-3 months after initial PSA | Urea & electrolytes | Scrotal ultrasound |
|---|---------------------------|---------------------------|------------------------|---------------------------|-------------|---|---------------------|--------------------|
| Haematuria  | ✓                         | ✓                         | ✓                      | ✓                         |             |   |                     |                    |
| Lower urinary tract symptoms  | ✓                         | ✓                         | ✓                      |                           |             |   | ✓                   |                    |
| Prostate cancer (suspected or confirmed)  |                           |                           | ✓                      |                           | ✓           | ✓                                       |                     |                    |
| Recurrent uncomplicated urinary tract infection   | ✓                         |                           | ✓                      |                           |             |   |                     |                    |
| Renal mass  | ✓                         | ✓                         |                        |                           |             |   | ✓                   |                    |
| Renal tract stones or renal colic   | ✓                         | ✓                         | ✓                      |                           |             |   | ✓                   |                    |
| Scrotal abnormalities   |                           |                           |                        |                           |             |   |                     | ✓                  |
| Urinary incontinence  | ✓                         |                           | ✓                      |                           |             |   | ✓                   |                    |
| * Where urinary tract ultrasound and CT IVP are both ticked, only 1 of these is required for referral |                           |                           |                        |                           |             |   |                     |                    |