

COPY TO (NAME):

FAX NUMBER:

Patient Information: (Please Print)

Bill To: My Account Medicare Other Insurance
 Patient Medicaid

Last Name: _____ First: _____ M.I.: _____

Sex: _____ Date of Birth: _____ Social Security Number: _____

Phone number: _____ Patient Address: _____

City: _____ State: _____ Zip Code: _____

Date Collected: _____ Time Collected: _____ am _____ pm Collected by: _____

Patient's Relationship to Insured: self spouse dependent

Responsible Party (omit if same): _____

Address: _____

City: _____ State: _____ Zip: _____

Payment by Medicare (Attach copy of Card- front & back)

Medicare Number: _____ Suffix: _____

Marital Status: _____

Payment by IDPA (Attach copy of Card- front & back)

Recipient #: _____ Case #: _____

Payment by Insurance (Attach copy of Card- front & back)

Insurance Name: _____

Insurance Address: _____

Policy #: _____ Group #: _____

***Physician Signature: _____

Ordering Physician(s)

Diagnosis related to ordered tests (ICD-10 codes effective 10-1-2015)

(1)	(3)	(5)
(2)	(4)	(6)

CYTOLOGY SECTION

ACC#

PATIENT CLINICAL INFORMATION

SURGICAL PATHOLOGY SECTION

Menstrual Status: Postmenopausal Pregnant
 Postpartum Hysterectomy

LMP Date: _____

Hormones (Please Circle) HRT BCP IUD
 Risk Factors : Yes No

Prev. Abnormal Pap(s), Result & Date: _____

Prev. CX BX, LEEP, Cone BX: _____

Significant Clinical Findings: _____

Clinical Diagnosis-History and Procedure: _____

Specimen(s) Submitted:

Saline 1) _____
 Formalin 2) _____
 None 3) _____
 4) _____

Req. Prepared By:

CYTOLOGY TESTING

HPV Options:

Gyne Source:
 Cervical
 Endocervical
 Cervical/Endocervical
 Vaginal

Pap Options:
 Conventional Pap
 ThinPrep Pap with Imager
 ThinPrep Pap w/o Imager

Reflex if Neg, Ascus or LSIL
 Reflex if Ascus or Above
 Reflex if Negative only
 Reflex if Neg or Ascus only
 Regardless of Result
 Reflex if no EC present only

Non Gyne Source:

FNA

Specify Site: _____

Clinical Data: _____

Body Fluid

Specify Type & Site: _____

Clinical Data: _____

Additional Testing:

GC/Chlamydia
 Other _____

HPV 16/18 Options:

If Pap Negative only
 If Pap Ascus only
 Regardless of Pap diagnosis

Surgery use only

FS Yes No Gross Imp. Only

Call Back Ext

CYTOLOGY LAB USE ONLY

Result
 Negative EPCA UNSAT

HISTOPATH LAB USE ONLY

Codes _____
 Ordered By _____ Charged By _____ Gross Path _____