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CLIA I.D. 33D1082465

GYNECOLOGY Requisition
Cytology/Histology

GYN-09516

CLIENT INFORMATION

Treating Physician UPIN #

Physician's Signature X

Send duplicate of report to:

Name

Address/Fax

PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address		Apt. #
City	State	Zip
Patient Phone Number	Patient Social Security Number	
Date of Birth / /	Age	Sex	Patient ID

BILLING / INSURANCE (Attach copy of insurance card - both sides)

BILL:
- ☐ Insurance
- ☐ Medicare
- ☐ Worker's Comp
- ☐ Patient
- ☐ Physician
- ☐ Hospital
- ☐ Other

Subscriber Insurance ☐ Secondary Insurance Information Attached

Subscriber Name / Relationship to Subscriber ☐ Self ☐ Spouse ☐ Dependent

Company Name

Address

City | State | Zip

Employer Name

☐ Outpatient/ Non-hospital	Subscriber DOB / /	Group/Contract #	Member ID#
☐ Hospital (IP/OP/ER)	Subscriber Sex ☐ Male ☐ Female	Medicare #	Medicaid ID#

☐ **Medicare patients must review and sign the separate Advanced Beneficiary Notice for services that may not meet Medicare's medical necessity or frequency limitation criteria.**

ICD-10 CODE (Required) ☐ Routine Cervical Pap (V76.2) ☐ Routine GYN exam (V72.31) ☐ Post Hyst. Vag. Pap (V76.47) ☐ Other Sites/Noncervical (V76.49) ☐ High-Risk Patient Pap (V15.89) ☐ Diagnostic

CLINICAL INFORMATION

Date of Collection
/ /

Last Menstrual Period
/ /

Clinical History
- ☐ Routine examination
- ☐ Repeat Pap
- ☐ Pregnant (weeks ____)
- ☐ Post partum (weeks ____)
- ☐ Postmenopausal (years ____)
- ☐ Estrogen replacement therapy
- ☐ Depo-Provera®
- ☐ Birth control pills
- ☐ Previous GYN malignancy
- ☐ Cigarette smoker
- ☐ History of HPV or dysplasia
- ☐ Abnormal vaginal bleeding
- ☐ Immunosuppressed
- ☐ Total hysterectomy
- ☐ Supracervical hysterectomy
- ☐ IUD
- ☐ Other

High-Risk Data
- ☐ DES exposure
- ☐ Early onset of sexual activity
- ☐ Multiple sexual partners
- ☐ History of STDs
- ☐ No Pap last 7 yrs or <3 neg Paps
- ☐ Abnormal Pap within last 3 years

CYTOLOGY

Specimen Source
☐ Endocervical/cervical ☐ Vaginal ☐ Other

Pap Test
☐ ThinPrep® ☐ Conventional/Slide ☐ No Pap
☐ DNA with Pap™ (High-risk HPV with Pap for women age 30 and over.)

Must check **ONE TEST** *and* **ONE PROBE**

HPV Tests
- ☐ Reflex on ASC-US only
- ☐ Reflex on ASC-US and above
- ☐ Reflex on other (Please specify)
- ☐ HPV on all results
- ☐ HPV only (No Pap)

HPV Probes*
- ☐ High-Risk Only
- ☐ High- & Low-Risk

If no probe is checked, only the high-risk probe will be performed

Molecular Tests
- ☐ Chlamydia (CT) & Gonorrhea (NG) Screen
  - ☐ Reflex Positive NG[1,2]
- ☐ NG Only
- ☐ NG Confirmation[2]
- ☐ CT Only

[1] *Reflex Positive NG must be checked if you want this test performed as a result of a positive test.*
[2] *Differentiates gonorrhea from non-gonococcal Neisseria*

- ☐ HSV 1&2
- ☐ HSV (positive or negative)
  - ☐ Reflex Genotyping
- ☐ Group B Strep
- ☐ Vaginitis Panel (all three organisms)
- ☐ Trichomonas only
- ☐ Candida only
- ☐ Gardnerella only

Other ☐ NonGYN

Genetic Tests
☐ Cystic Fibrosis
Family History: ☐ Pos ☐ Neg

Ethnicity: ☐ Ashkenazi Jewish ☐ Caucasian ☐ Hispanic ☐ African-American ☐ Asian ☐ Other

Previous Cytology/HPV History

DATE	NEGATIVE	UNSAT	ASC-US	ASC-H	AGC	LSIL	HSIL	MALIGNANT	HPV
/ /									
/ /									
/ /									
/ /									

HISTOLOGY

Date of Collection
/ /

Clinical History/Preoperative Diagnosis

Clinical Findings/Postoperative Diagnosis

Tissue Submitted (List specimen source)

1.
2.
3.
4.
5.

LABORATORY USE ONLY

C.T.	Q.C.	PATH.