

PATIENT'S LEGAL NAME: LAST NAME FIRST MIDDLE SPECIMEN DATE SPECIMEN TIME (MILITARY)

CYTOLOGY RQ



PARENT'S NAME (IF A MINOR) PREVIOUS NAME (IF DIFFERENT FROM ABOVE)

SEX BIRTHDATE SOCIAL SECURITY NO. DOCTOR: LAST NAME FIRST DOCTOR'S SIGNATURE

BILL TO: C DR - Hospital - Clinic - Client; P Patient - Insurance - Medicare - Medicaid - Other; RESPONSIBLE PARTY; ADDRESS; CITY STATE ZIP; MEDICARE NO.; GUARANTOR DOB; POLICY HOLDER DOB; POLICY HOLDER; INSURANCE TYPE; INSURANCE MAILING ADDRESS; GROUP NUMBER; I.D. NUMBER; RELATIONSHIP: SELF SPOUSE CHILD OTHER

PATIENT / RESPONSIBLE PARTY'S PHONE NO.; DX # 1; DX # 2; DX # 3

Copy to: Accession No: Tissue Class:

- GYNECOLOGIC CYTOLOGY (PAP SMEAR)
THIN PREP
Reason for PAP: Routine, Wellness Exam, Follow Up of Abnormal

- MENSTRUAL HISTORY
LMP Date
PRENATAL, POSTPARTUM, CYCLIC, POSTMENOPAUSAL, ABNORMAL BLEEDING, HYSTERECTOMY
Total, Supra-Cervical

- THERAPY
OC'S, IUD, ESTROGEN THERAPY, DEPOPROVERA, LEEP, RADIATION THERAPY, COLPOSCOPY, OTHER

FOR PATIENTS WITH MEDICARE COVERAGE

Is this a: Screening Pap Smear, Diagnostic Pap Smear
Please attach wavier where appropriate and supply appropriate diagnosis code for diagnostic Pap smear. See Medicare's Alpha Policy Billing Manual for coverage guidelines on Pap smears.

PREVIOUS GYN CYTOLOGY/BIOPSIES
Cytology: #, Date, Reason for Study:
Biopsies: #, Date

- THIN PREP VIAL TESTING
GC/Chlam, Chlam, GC

- SOURCE OF SPECIMEN
Vaginal, Cervical, Endocervical

- High Risk HPV Testing (not recommended for women < 21)
High risk HPV test, Pap with high risk HPV Co-testing, Reflex high risk HPV testing if ASC-US Pap result, For women > 21

- HPV genotyping for 16 and 18/45 genotypes (not recommended for women < 21)
HPV 16 and 18/45 genotyping, Reflex HPV 16 and 18/45 genotyping, Reflex HPV 16 and 18/45 genotyping, for positive HR HPV

NON-GYNECOLOGIC CYTOLOGY: BRONCH, BREAST FNA, NIPPLE DISCHARGE, PERITONEAL, PLEURAL, SPINAL FLUID, THYROID FNA, URINE, OTHER:

Cytologic findings should never be interpreted as conclusive evidence of malignancy and results should be considered as a screening procedure only. It has been determined that papanicolaou smear has an irreducible number of false negatives and regular exams are recommended to reduce the chance of an undetected lesion.

GCAT, REC, TECH, Sat / Unsat, ECCs Y / N, Reason, 1 Dx Code, 2 Dx Code, 3 Dx Code, 4 Dx Code