

Patient Last Name		First		MI	
Gender M F		Date of Birth / /		Room #	
Medical Record Number			Social Security Number - -		
Patient Home Address, City, State, Zip Code					
Home Telephone		Other Telephone		Subscriber Last Name First MI Subscriber's Relationship to Patient	
Patient Insurance Company Name / Coverage (attach copy of card)				Subscriber Address	
Certificate # / Policy # / Group #				<input type="checkbox"/> CLIENT BILL/FACILITY BILL/PPS to:	
Insurance Company Address, City, State, Zip				Send Copies to: _____	
Please provide diagnostic information in the form of a valid ICD-9CM code or complete narrative diagnosis which has been documented in the patient's medical record					
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Order Date / Time / / AM / PM		<input type="checkbox"/> STAT! Use STAT Bag		<input type="checkbox"/> Call () -	
				<input type="checkbox"/> Fax () -	
SPECIMEN INFORMATION				MD Signature: _____	
Collection Date / Time / / AM / PM				Comments to appear on the report:	

GYN CYTOLOGY

- ThinPrep Pap (recommended for age 20 and younger)
- ThinPrep Pap with REFLEX high-risk HPV upon interpretation of atypical cells
- ThinPrep Pap with high-risk HPV (option for age 30 and older)
- Conventional Pap

Source: Cervical Vaginal

Menstrual Status

LMP: _____

- Postmenopausal Pregnant
- Total Hysterectomy Postpartum
- Subtotal Hysterectomy (cervix not removed)

- Normal / routine exam
- Previous abnormal cytology/biopsy
- High Risk (V15.89)
- HPV infection
- Depo Provera
- Radiation / Chemotherapy

Clinical History

- Birth Control Pills (BCP)
- Hormone therapy (not BCP)
- IUD
- Abnormal bleeding
- Other abnormal history: _____

NON-GYNECOLOGIC CYTOLOGY

- Random / Voided Urine Fine Needle Aspiration, Thyroid
- Catheterized / Cysto Urine Fine Needle Aspiration, Breast
- Other: _____ Fine Needle Aspiration, Other

Side: _____
Side: _____
Location: _____

Clinical Impression: _____

SURGICAL PATHOLOGY

Tissue submitted: _____
Procedure: _____
Clinical Impression / Reason for Procedure: _____

