



GYN PATHOLOGY REQUISITION INSTRUCTIONS

- Use the barcoded peel-off labels to match the specimens with the requisition. Put one label from the requisition to each corresponding specimen container.
- Fill out the requisition sections 1 through 5, and 6 if applicable.

B 1. Collection Information

- Enter the collected date.
- Performing Clinician's signature goes here.
- If reports need to go to someone other than the performing clinician, enter name here.

A Requesting Clinician Name

- If preprinted, indicate the clinician by circling or highlighting.
- If this section is blank, write in the name of the requesting clinician.

C 2. Insurance

- Check who should be billed. Check "Other" to bill commercial insurance.
- Attach copy of insurance card (front or back), or faxesheet that has complete billing info.
- Remember to attach a signed ABN for Medicare patients.

E 4. Cytology Specimen Source

- Check the type of specimen.

F 4. Cytology Test Requested

- For a ThinPrep Pap, check the box, then under the "Add" section check to add HPV or CT/NG along with the Pap test.
- For a conventional Pap, check the "Other Box" and enter Conv.
- If the specimen is for HPV or CT/NG only (no Pap test), check the corresponding box where only is stated.
- If you are sending a BD-Affirm or requesting other testing, check the corresponding boxes.

H 4. Cytology Clinical Information

- Fill out all the requested information.
- LMP is required by CLIA.
- Including all applicable clinical information helps for a more accurate Pap test interpretation for your patients.

G 4. Cytology ICD-9 Diagnosis Codes

You must communicate the medical category/reasons for the testing. Proper ICD code or clinical diagnostic information will help ensure that your patient gets billed correctly the first time. Help with coding is available on our website at [Pap ICD-9 Codes for Medicare, Medicaid, and All Insurances](#) and [Molecular Microbiology ICD-9 Codes for Medicare and All Insurances](#) or call PCNM client services.

- Check-off or enter under OTHER all ICD-codes that apply.

D 3. Patient Information

- Fill out completely or use a label from your EMR, if it has all the needed information.

I 5. Histology

- List each site and specimen individually on each line. Indicate on the clock face where the biopsy was taken by using the letter that corresponds to the one on the specimen list.

J 6. Nongyn Cytology Specimen

- Write in source (breast discharge, FNA, etc.) Be sure to indicate ICD-9 code under other in the Diagnosis Code section.
- If an FNA specimen, indicate the level of clinical/radiologic suspicion.

PATHOLOGY CONSULTANTS
OF NEW MEXICO
FOCUSED ON PRECISION
pcnm.com

LAB COPY

G499500

G499500

G499500

G499500

G499500

G499500

G499500

PLACE BARCODE AND TWO ADDITIONAL FORMS OF IDENTIFICATION ON THE BODY OF THE SPECIMEN CONTAINER

GYN PATHOLOGY REQUISITION

1. COLLECTION INFORMATION

Collection Date _____ Performing Clinician _____

Send a Copy of Report to _____

3. PATIENT INFORMATION

Last Name _____ First Name _____

SSN _____ DOB _____ Sex _____

Mailing Address _____ APT # _____

City _____ State _____ Zip _____

Phone _____ ID _____

5. HISTOLOGY

Indicate Site and Specimen Type

A. _____

B. _____

C. _____

D. _____

E. _____

2. INSURANCE

PCNM Files ALL Insurances

Medicare Medicaid Private Other

Please attach current insurance card (front and back) faxesheet with additional insurance information. *Medicare patients must review and sign the separate MEDICARE BENEFICIARY NOTICE (ABN) for services that may not meet Medicare's necessity or frequency/criteria. Visit pcnm.com for further instruction.

4. CYTOLOGY

Specimen Source (check one)

Endocervical/Cervical
 Hysterectomy (present only)
 Hysterectomy (absent)
 Vaginal
 Breast Discharge
 Other: _____

Test Requested

ThinPrep® Pap Test

Add:

HPV High-Risk (HPV & ThinPrep® Pap for women age 30 and over)
 HPV High/Low-Risk
 HPV High-Risk Reflex if ASC-US or AGUS
 Chlamydia/Gonorrhea only

HPV High-Risk only
 HPV Low-Risk only
 HPV High/Low-Risk only
 Chlamydia/Gonorrhea only

BD Affirm (Vaginosis Microbial ID, Candida, Gardnerella, Trichomoniasis); use BD Transport Kit

Extended Vaginosis Panel
 Herpes 1 & 2
 Strep B
 Other: _____

Diagnosis Codes (check all that apply)

626.8 Abnormal bleeding
 795.01 ASC-US
 795.02 ASC-H
 622.1 Cervical dysplasia
 795.05 Cervical high-risk HPV DNA test positive
 626.2 Excessive or frequent menstruation
 795.04 HSIL
 V15.89 High-risk screening
 795.03 LSIL
 795.00 Nonspecific abnormal Pap smear of cervix, unspecified
 6271 Postmenopausal bleeding
 V76.2 Routine cervical Pap
 V72.31 Routine gynecological examination
 V76.47 Routine vaginal Pap
 V74.5 Special screening for venereal disease
 795.08 Unsatisfactory cervical cytology smear
 623.5 Vaginal discharge
 623.0 Vaginal dysplasia
 616.10 Vaginitis and vulvovaginitis
 Other: _____

Clinical Information

LMP/Menopause (date) _____

Last Pap test (date) _____

History of abnormal Pap (date) _____

Results _____

History of biopsy (date) _____

Results _____

Abnormal bleeding
 Postpartum
 Pregnant
 Colposcopy
 Radiation
 Cone/LEEP
 Hormones
 Other: _____

Laser/Cryo
 BCP
 Cervicitis
 Vaginitis
 Depo-Provera®
 IUD
 History of gynecologic malignancy

LABORATORY USE ONLY

CT _____ QC _____

B 1. Collection Information

- Enter the collected date.
- Performing Clinician's signature goes here.
- If reports need to go to someone other than the performing clinician, enter name here.

D 3. Patient Information

- Fill out completely or use a label from your EMR, if it has all the needed information.

I 5. Histology

- List each site and specimen individually on each line. Indicate on the clock face where the biopsy was taken by using the letter that corresponds to the one on the specimen list.

J 6. Nongyn Cytology Specimen

- Write in source (breast discharge, FNA, etc.) Be sure to indicate ICD-9 code under other in the Diagnosis Code section.
- If an FNA specimen, indicate the level of clinical/radiologic suspicion.

A Requesting Clinician Name

- If preprinted, indicate the clinician by circling or highlighting.
- If this section is blank, write in the name of the requesting clinician.

C 2. Insurance

- Check who should be billed. Check "Other" to bill commercial insurance.
- Attach copy of insurance card (front or back), or faxesheet that has complete billing info.
- Remember to attach a signed ABN for Medicare patients.

E 4. Cytology Specimen Source

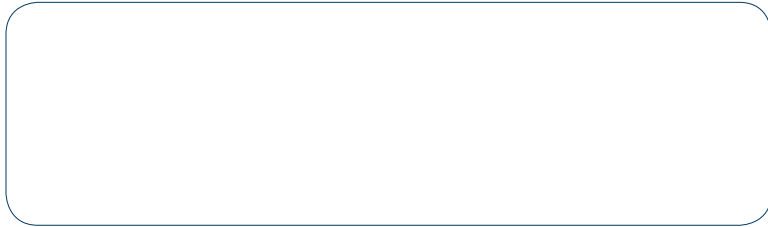
- Check the type of specimen.

F 4. Cytology Test Requested

- For a ThinPrep Pap, check the box, then under the "Add" section check to add HPV or CT/NG along with the Pap test.
- For a conventional Pap, check the "Other Box" and enter Conv.
- If the specimen is for HPV or CT/NG only (no Pap test), check the corresponding box where only is stated.
- If you are sending a BD-Affirm or requesting other testing, check the corresponding boxes.

H 4. Cytology Clinical Information

- Fill out all the requested information.
- LMP is required by CLIA.
- Including all applicable clinical information helps for a more accurate Pap test interpretation for your patients.



PLACE BARCODE AND TWO ADDITIONAL FORMS OF IDENTIFICATION ON THE BODY OF THE SPECIMEN CONTAINER

GYN PATHOLOGY REQUISITION

1. COLLECTION INFORMATION

Collection Date Performing Clinician

Send a Copy of Report to

3. PATIENT INFORMATION

Last Name <input type="text"/>		First Name <input type="text"/>	
SSN <input type="text"/>	DOB <input type="text"/>	Sex <input type="text"/>	
Mailing Address <input type="text"/>		APT # <input type="text"/>	
City <input type="text"/>	State <input type="text"/>	Zip <input type="text"/>	
Phone <input type="text"/>	ID <input type="text"/>		

5. HISTOLOGY

Indicate Site and Specimen Type

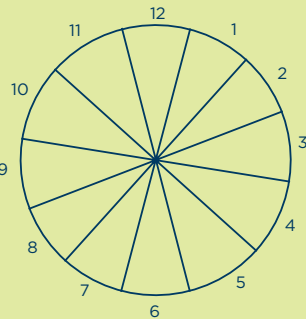
A.

B.

C.

D.

E.



6. NONGYN CYTOLOGY FNA SPECIMEN

Source

Level of Clinical Suspicion
 Low High

Level of Radiologic Suspicion
 Low High

2. INSURANCE

PCNM Files ALL Insurances

*Medicare Medicaid Patient Other

Please attach current insurance card (front and back) or facesheet with additional insurance information.
 *Medicare patients must review and sign the separate ADVANCED BENEFICIARY NOTICE (ABN) for services that may not meet Medicare's necessity or frequency limitation criteria. Visit pcnm.com for further instruction.

4. CYTOLOGY

Specimen Source (check one)

- Endocervical/Cervical
- Hysterectomy (vaginal only)
- Hysterectomy (cervix present)
- Vaginal
- Breast Discharge
- Other:

Diagnosis Codes (check all that apply)

- 626.8 Abnormal bleeding
- 795.01 ASC-US
- 795.02 ASC-H
- 622.1 Cervical dysplasia
- 795.05 Cervical high-risk HPV DNA test positive
- 626.2 Excessive or frequent menstruation
- 795.04 HSIL
- V15.89 High-risk screening
- 795.03 LSIL
- 795.00 Nonspecific abnormal Pap smear of cervix, unspecified
- 627.1 Postmenopausal bleeding
- V76.2 Routine cervical Pap
- V72.31 Routine gynecological examination
- V76.47 Routine vaginal Pap
- V74.5 Special screening for venereal disease
- 795.08 Unsatisfactory cervical cytology smear
- 623.5 Vaginal discharge
- 623.0 Vaginal dysplasia
- 616.10 Vaginitis and vulvovaginitis
- Other:

Test Requested

- ThinPrep® Pap Test
- Add:**
 - HPV High-Risk (HPV & ThinPrep® Pap for women age 30 and over)
 - HPV High/Low-Risk
 - HPV High-Risk Reflex if ASC-US or AGUS
 - Chlamydia/Gonorrhea
- HPV High-Risk **only**
- HPV Low-Risk **only**
- HPV High/Low-Risk **only**
- Chlamydia/Gonorrhea **only**
- BD Affirm** (Vaginosis Microbial ID, Candida, Gardnerella, Trichomoniasis); use BD Transport Kit
- Extended Vaginosis Panel
- Herpes 1 & 2
- Strep B
- Other:

Clinical Information

LMP/Menopause (date)

Last Pap test (date)

History of abnormal Pap (date)

Results

History of biopsy (date)

Results

- Abnormal bleeding
- Postpartum
- Pregnant
- Colposcopy
- Radiation
- Cone/LEEP
- Hormones
- Other:
- Laser/Cryo
- BCP
- Cervicitis
- Vaginitis
- Depo-Provera®
- IUD
- History of gynecologic malignancy

LABORATORY USE ONLY

CT QC QC2 Pathologist