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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. |

6. NONGYN CYTOLOGY FNA SPECIMEN

| | |
|--------|---|
| Source | Level of Clinical Suspicion <input type="checkbox"/> Low <input type="checkbox"/> High |
| | Level of Radiologic Suspicion <input type="checkbox"/> Low <input type="checkbox"/> 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

Test Requested

- ThinPrep Pap Test (recommended for women 21-29)
 - Reflex to High-Risk HPV if abnormal
 - Reflex to High-Risk HPV if ASC-US or AGUS
- Pap and High-Risk HPV (recommended for women 30-65)
 - Reflex to Genotyping, if positive
- Chlamydia/Gonorrhea
- Trichomonas

No Pap Test

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

Multitest Swab: Vaginosis/Vaginitis Aptima (orange label)

- BV/CV/TV Panel
- BV Only
- CV/TV Only

Additional Testing

- Extended Vaginosis Panel (TP)
- Herpes 1 & 2 (TP)
- Other

Diagnosis Codes (Must Provide correct ICD10 code)

- Abnormal bleeding
- ASC-US
- ASC-H
- Cervical dysplasia
- Cervical High-Risk HPV DNA test positive
- Excessive or frequent menstruation
- HSIL
- High-Risk screening
- LSIL
- Nonspecific abnormal Pap smear of cervix, unspecified
- Postmenopausal bleeding
- Routine cervical Pap
- Routine gynecological examination
- Routine vaginal Pap (Hysterectomy)
- Special screening for venereal disease
- Human Papillomavirus (HPV)
- Unsatisfactory cervical cytology smear
- Vaginal discharge
- Vaginal dysplasia
- 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
- Other:
- Laser/Cryo/Leep
- Cervicitis
- Vaginitis
- History of gynecologic malignancy
- IUD

LABORATORY USE ONLY

CT QC QC2 Pathologist