

PATHOLOGY REQUEST FORM

PATIENT INFORMATION

LAST NAME	CLIENT ID #	SPECIMEN ACCESSION NUMBER (FOR LAB USE ONLY)
FIRST NAME		ORDERING PROVIDER INFORMATION:
MIDDLE NAME/INITIAL		
DATE OF BIRTH ____/____/____	AGE	
SOCIAL SECURITY NUMBER ____-____-____		
SEX <input type="radio"/> FEMALE <input type="radio"/> MALE		ORDERING PROVIDER SIGNATURE:
DATE SPECIMEN COLLECTED ____/____/____		BILLING INFORMATION: <input type="radio"/> ON FILE <input type="radio"/> ATTACHED (FACE SHEET / BOTH FRONT AND BACK OF INSURANCE CARD)
DATE SPECIMEN SUBMITTED ____/____/____		BILL TO: <input type="radio"/> INSURANCE <input type="radio"/> PATIENT <input type="radio"/> DOCTOR <input type="radio"/> CASH PAY

GYN CYTOLOGY AND ANCILLARY TESTS

- CERVICAL CYTOLOGY (CHOOSE ONE ONLY)**
- PAP TEST
- PAP TEST WITH REFLEX HIGH RISK HPV TESTING
- PAP TEST AND HIGH RISK HPV TESTING FOR WOMEN AGE 30 AND OVER
- MOLECULAR MICROBIOLOGY FROM PAP TEST VIAL**
- HIGH RISK HPV (CERVISTA)
- HPV 16 AND 18 GENOTYPING (CERVISTA)
- GC/CT
- ADDITIONAL TESTS**
- AFFIRM TEST FOR VAGINITIS
- GC/CT (URINE OR SWAB)

LMP: ____ | ____ | ____

- SOURCE:** cervix
 endocervix
 vagina

CLINICAL HISTORY

- HISTORY**
- normal exam
- abnormal bleeding
- abnormal Gyn exam †
(e.g. HPV, cervical lesion)
- other high risk factor, specify †
- pregnant _____
- postpartum _____
- oral contraceptives
- estrogen therapy
- hormone therapy
- hysterectomy, total
- hysterectomy w/intact cervix
- pelvic radiation †
- postmenopausal

† Explain: _____

Previous Result _____

ICD9 CODE(S)

V76.2	V72.31	V73.81	V74.5	795.0
795.05	V22.2			

TISSUE PATHOLOGY

- CERVICAL BIOPSY: SITE 1 _____ SITE 2 _____ SITE 3 _____ SITE 4 _____
- ENDOCERVICAL CURETTAGE
- ENDOMETRIAL CURETTAGE
- ENDOMETRIAL BIOPSY
- VULVAR BIOPSY: SITE 1 _____ SITE 2 _____ SITE 3 _____ SITE 4 _____
- SKIN BIOPSY: SITE 1 _____ SITE 2 _____ SITE 3 _____ SITE 4 _____
- OTHER: _____
