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GYN Cytopathology Requisition

Physician:

Copies to:

Patient Information/ Insurance

Patient Name: _____

Address: _____

City: _____ St: _____ Zip: _____

DOB: _____ SSN: _____

Phone: _____ Sex: ___ F ___ M

In Skilled Nursing Facility? ___ Yes ___ No

Insurance Company: _____

(If Medicare, patient must sign ABN on reverse)

Address: _____

City: _____ St: _____ Zip: _____

Policy ID: _____

Group #: _____

Date of LMP: _____

Post-Menopausal

Pregnant _____ weeks

Post-Partum _____ weeks

Date of Collection: _____

Specimen Source:

Endocervical/Cervical

Cervical Stump (Supracervical hysterectomy)

Vaginal (Total hysterectomy)

Other: _____

Misc:

Immunocompromised

Hormone Therapy

IUD

Birth Control

Other _____

CHECK OR WRITE ICD-9 FOR APPROPRIATE CODING (REQUIRED)

Routine Exam

No current signs or symptoms; No previous abnormal pap; No high-risk factors for cervical cancer)

V76.2 Routine Cervical Pap Smear

V76.47 Routine Vaginal Pap Smear

Other _____

Diagnostic Pap

Patient has current complaint or history of abnormal results or cancer. Indicate ICD-9 code for complaint or last abnormal.

ICD-9 Code: _____

Secondary ICD-9 Code (if needed): _____

High-risk Screening Pap

Routine exam with history of over 5 sexual partners, STD, sexual activity before age 16, or DES exposure

V15.89

Secondary Code (required) _____

Comments: _____

Check all that apply:

Surepath Test(s) Request:

Pap Test with HPV According to Standing Order*

Pap Test*

Reflex High Risk HPV DNA for Atypical Paps

(ASCUS, AGUS, and ASC-H)*

Reflex High Risk HPV DNA for Atypical and LSIL

Paps (ASCUS, AGUS, ASC-H, LSIL)*

High Risk HPV DNA screening (age 30 and over) *+

Chlamydia/Gonorrhea

Molecular/Culture Test(s):

Chlamydia/Gonorrhea (GenProbe)

Vaginitis Panel (Affirm DNA Probe)

Genital Culture (Culture Swab)

Non-gynecologic Specimen:

Voided Urine Right Nipple Smear Left Nipple Smear Other _____

Clinical History: _____

ICD-9 Code: _____

+ Insurance may deny routine screening.

* Medicare has both diagnosis and frequency-related coverage limitations. Please provide signed ABN when necessary.