

Patient Information

Name (last, first, middle initial): _____ Sex: ☐ Male ☐ Female

Date of birth (MM/DD/YYYY): _____

Medical record/Patient ID#: _____

Place of service:

- ☐ Hospital inpatient ☐ Ambulatory surgical center
☐ Hospital outpatient ☐ Office/Non-hospital

Billing Information*

Along with this requisition, you **MUST** include copies of:

- The patient's demographics sheet;
- Both sides of the patient's insurance card(s); and
- Any secondary insurance information (if applicable).

Provider Information

Ordering physician: _____

Phone: _____ Fax: _____

Ordering physician NPI #: _____

Duplicate report sent to: _____

Duplicate report fax: _____

Clinical History Narrative/Clinical Question*:

**An Advance Beneficiary Notice of Noncoverage form must be completed and attached for all Medicare patients.*

Last Pap: _____ LMP: _____

- ☐ Routine cervical Pap test (Z12.4)
☐ Routine gynecological exam without abnormal findings (Z01.149)
☐ Follow-up normal Pap with history of abnormal (Z01.42)
☐ Routine vaginal Pap test (pt. without cervix) (Z12.72)
☐ Pregnancy (Z33.1)
☐ High-risk Pap test (onset sex < 16 years, multiple partners, STD, HIV, less than three negative Pap tests in the last seven years, DES exposure) (Z77.9)
☐ Abnormal cervical Pap (R87.619)
☐ Previous unsatisfactory Pap test (R87.615)
☐ Malignant neoplasm cervix (C53.9)
☐ Cervicitis (N72)
☐ Vaginitis (N76.0)
☐ Postmenopausal atrophic vaginitis (N95.2)
☐ Dysfunctional uterine bleeding (N92.5)
☐ Menometrorrhagia (N92.1)
☐ Irregular menstrual cycle (N92.5)
☐ Postmenopausal bleeding (N95.0)

Result/Reason

Previous abnormal Pap? ☐ No ☐ Yes: _____

Previous cervical Bx/LEEP? ☐ No ☐ Yes: _____

Previous GYN malignancy? ☐ No ☐ Yes: _____

Hormone therapy? ☐ No ☐ Yes: _____

Prior radiation? ☐ No ☐ Yes: _____

Contraception? ☐ No ☐ OCP ☐ IUD ☐ Depo
☐ Bilateral, tubal ligation

Practice Name: _____

Address: _____

E-mail: _____

Phone: _____ Fax: _____

Collection Date: _____ Time: _____ : _____ A.M./P.M.

Pap Test (with or without HPV)

Method: ☐ ThinPrep™ ☐ Conventional (slides)

Pap site: ▼ Cervical/Endocervical unless checked below ▼

☐ Vagina ☐ Other: _____

☐ Anal | Indication for testing: _____

(HPV testing is not validated on anal Pap.)

☐ ThinPrep with HPV* ☐ ThinPrep without HPV*

☐ ThinPrep with reflex HPV* (ASCUS) * HPV = High-risk screen with genotyping (16/18, non-16,18)

HPV/CT/NG Testing

Specimen (Pap unless specified): ☐ Swab ☐ Urine

☐ Both Chlamydia trachomatis/Neisseria gonorrhoeae nucleic acid testing (CT/NG) (Z11.3)

☐ Chlamydia trachomatis only ☐ N. gonorrhea

☐ HPV high-risk screen with HPV genotype (16/18/non-16,18) (cobas®)

☐ HPV high-risk screen with genotype - REFLEX to Pap (for HPV non-16-18)

Biopsy

☐ Cervix Bx ☐ Cervical cone ☐ Cervical LEEP (anterior/posterior)

☐ ECC ☐ Endometrial Bx ☐ Endometrial curettage

☐ Vaginal Bx | Location(s): _____

☐ Vulvar Bx | Location(s): _____

Urine: ☐ Cytology ☐ Cytology with UroVysion™ (hematuria)

☐ Other: _____