SBMF
South Bend Medical Foundation
3355 Douglas Road, South Bend, IN 46635

Cameron Memorial Community Hospital
Gynecologic Cytology & Molecular Requisition

Client _____ (REQUIRED)

Ordering Provider: _____ (REQUIRED)

Copy to: _____

PATIENT INFORMATION (REQUIRED)

Name _____

Patient SS#/ID# _____

DOB (MM/DD/YYYY) _____ Sex _____

Address _____

Phone _____

Collection Date _____ **Collection Time** _____

Source (REQUIRED)

☐ Cervical ☐ Cervical/Endocervical ☐ Vaginal ☐ Penile

☐ Urethral ☐ Urine ☐ Rectal ☐ Anogenital ☐ Throat

BILLING

IF NO BILLING INFORMATION IS PROVIDED, AND NO BOX IS CHECKED YOUR ACCOUNT WILL BE BILLED.

☐ PHYSICIAN / ACCOUNT

☐ PATIENT / INSURANCE
(Insurance Information Attached)

☐ BCCP, MEDIT ID # _____

☐ MEDICARE # _____

Physician Notice

Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. Medicare Patients: The Advance Beneficiary Notice, if required, must be completed, signed by the patient and attached.

Clinical History (REQUIRED FOR PAP)

Last Menstrual Period _____

☐ Pregnant _____ wks ☐ Postpartum _____ wks

☐ Hysterectomy ☐ Hysterectomy; Supracervical

☐ Postmenopausal ☐ PMP Bleeding

☐ DES Exposure ☐ HRT

Birth Control: ☐ Oral ☐ IUD ☐ Other _____

Previous Pap History (REQUIRED)

Date of Last Pap _____

☐ Abnormal

Previous Biopsy Date _____

Results _____

☐ HPV High Risk/Previous Positive Test

Treatment _____

GYN Cytology Testing

Dx _____

ThinPrep® with Imaging - Aptima® High Risk (HR) HPV (mRNA)

Pap tests are subject to an additional charge if a review is performed by a pathologist

☐ 24254	ThinPrep® Pap/HPV High-Risk Co-Test	☐ 24253	ThinPrep® Pap/HPV High-Risk Co-Test w/ Reflex to HPV Genotyping 16 18/45
☐ 24250	ThinPrep® Pap Only	☐ 24257	ThinPrep® Pap/HPV High-Risk Co-Test w/ Reflex to HPV Genotyping 16 18/45, CT/NG/TV

Molecular Testing

Dx _____

☐ 36370	Chlamydia trachomatis & Neisseria gonorrhoeae (CT/NG)	☐ 36041	Trichomonas vaginalis (TV)
☐ 35374	Chlamydia trachomatis, Neisseria gonorrhoeae & Trichomonas vaginalis (CT/NG/TV)		