

Cameron Memorial Community Hospital Gynecologic Cytology & Molecular Requisition

Client _____
(REQUIRED)

Ordering Provider: _____

Copy to: _____ (REQUIRED)

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

<input type="checkbox"/> 24254	ThinPrep® Pap/HPV High-Risk Co-Test	<input type="checkbox"/> 24253	ThinPrep® Pap/HPV High-Risk Co-Test w/ Reflex to HPV Genotyping 16 18/45
<input type="checkbox"/> 24250	ThinPrep® Pap Only	<input type="checkbox"/> 24257	ThinPrep® Pap/HPV High-Risk Co-Test w/ Reflex to HPV Genotyping 16 18/45, CT/NG/TV
<input type="checkbox"/> 24251	ThinPrep® Pap w/ Reflex to HPV High-Risk if ASCUS		

Dx _____ **Molecular Testing**

<input type="checkbox"/> 36370	Chlamydia trachomatis & Neisseria gonorrhoeae (CT/NG)	<input type="checkbox"/> 36041	Trichomonas vaginalis (TV)
<input type="checkbox"/> 35374	Chlamydia trachomatis, Neisseria gonorrhoeae & Trichomonas vaginalis (CT/NG/TV)		