

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
☐ Skin _____ ☐ Other _____

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 ☐ Postmenopausal
☐ DES Exposure ☐ PMP Bleeding
☐ HRT ☐ Other _____
Birth Control: ☐ Oral ☐ IUD ☐ Other _____

Previous Pap History

ICD code: _____ (REQUIRED FOR PAP)

Date of Last Pap _____

- ☐ Abnormal
Previous Biopsy Date _____
Results _____
☐ HPV High Risk/Previous Positive Test
Treatment _____

GYN Cytology Testing

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

☐ 24251	ThinPrep® Pap w/ Reflex to HPV High-Risk if ASC-US	Genotyping	
☐ 24254	ThinPrep® Pap w/ HPV High-Risk Co-Test	☐ 24253	ThinPrep® Pap/HPV High-Risk Co-Test w/ Reflex to HPV Genotyping 16 18/45
☐ 24256	Add-On HPV High-Risk Testing (within 30 days)	☐ 24252	ThinPrep® Pap w/ Reflex HPV High-Risk if ASC-US w/ Reflex to HPV Genotyping 16 18/45
☐ 24250	ThinPrep® Pap Only	☐ 24255	Add-On HPV Genotyping 16 18/45 w/ HPV HR Positive (within 30 days)

Dx _____ Add-on Molecular ThinPrep Pap vial

☐ 36370	Chlamydia trachomatis & Neisseria gonorrhea (CT/NG)	Dx _____ Anogenital Lesion Swab / Penile Meatal Swab	
☐ 36041	Trichomonas vaginalis (TV)	☐ 36374	Herpes Simplex Virus (HSV 1 & 2) (Anogenital Lesion swab only)
☐ 35374	Chlamydia trachomatis, Neisseria gonorrhea & Trichomonas vaginalis (CT/NG/TV)	☐ 36373	Mycoplasma genitalium (M. gen) (Penile Meatal Swab)

Dx _____ Urethral Swab

☐ 36370	Chlamydia trachomatis & Neisseria gonorrhea (CT/NG)	☐ 36370	Chlamydia trachomatis & Neisseria gonorrhea (CT/NG)
☐ 36373	Mycoplasma genitalium (M. gen)	Dx _____ Endocervical Swab	

Dx _____ Urine Sample Kit

☐ 36370	Chlamydia trachomatis & Neisseria gonorrhoeae (CT/NG)	☐ 36373	Mycoplasma genitalium (M. gen)
☐ 36041	Trichomonas vaginalis (TV)	☐ 36041	Trichomonas vaginalis (TV)

Dx _____ Vaginal Swab

☐ 36372	Bacterial vaginosis (BV)	☐ 36041	Trichomonas vaginalis (TV)
☐ 36371	Candida vaginosis & Trichomonas vaginalis (CV/TV)	☐ 36373	Mycoplasma genitalium (M. gen)
☐ 36370	Chlamydia trachomatis & Neisseria gonorrhoeae (CT/NG)		