



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

Gynecologic Cytology & Molecular Requisition

Client Name: Family Medicine of South Bend

Physician's Last Name, First Name (REQUIRED)

- () Frentz MD, Natalie J () Jacobs MD, Brian A () Kirsch MD, Ilana T () Sears MD, Kari D
 () Hendricks MD, Rebecca M () Jacobs MD, John M () Scheel MD, Frederick D () Burnside PA-C, Peri R

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**

Genotyping

- 24253 ThinPrep® Pap/HPV High-Risk Co-Test w/ Reflex to HPV Genotyping 16 18/45
 24252 ThinPrep® Pap w/ Reflex HPV High-Risk if ASC-US w/ Reflex to HPV Genotyping 16 18/45
 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 gonorrhoea (CT/NG)

Dx _____ **Anogenital Lesion Swab / Penile Meatal Swab**

- 36374 Herpes Simplex Virus (HSV 1 & 2) (Anogenital Lesion swab only)
 36373 Mycoplasma genitalium (M. gen) (Penile Meatal Swab)

Dx _____ **Urethral Swab**

- 36370 Chlamydia trachomatis & Neisseria gonorrhoea (CT/NG)
 36373 Mycoplasma genitalium (M. gen)

Dx _____ **Throat & Rectal Swab**

- 36370 Chlamydia trachomatis & Neisseria gonorrhoea (CT/NG)

Dx _____ **Urine Sample Kit**

- 36370 Chlamydia trachomatis & Neisseria gonorrhoeae (CT/NG)
 36041 Trichomonas vaginalis (TV)

Dx _____ **Endocervical Swab**

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

Dx _____ **Vaginal Swab (Aptima® (orange) Multitest Swab Only)**

- 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)