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

Pulaski Memorial Hospital
Gynecologic Cytology & Molecular Requisition

Client Pulaski Memorial Hospital (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)		
☐ 24250	ThinPrep® Pap Only		
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**		**Dx** _____ **Throat & Rectal 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 gonorrhea (CT/NG)
☐ 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)		