

GYN CYTOLOGY

Chart # \_\_\_\_\_ SS# \_\_\_\_\_ Collection Date \_\_\_\_\_
Patient Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
Home Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Patient Phone # (\_\_\_\_) \_\_\_\_\_
D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M  F  Submitting Physician \_\_\_\_\_

Bill to:  Doctor's Office  Patient  Insurance  Medicare (patient must review and sign the reverse side of this page)
Category of Pap Test (Please check one)
 Screening Pap  Diagnostic Pap Test
 Low Risk  High Risk
Check Specimen Type & Source
 Conventional Pap  Thin Prep Pap  Other
 Vaginal Smear  Cervical Scrape/Endocervical Brush
 Cervical Scrape  Cytohormonal/Maturation Index
Clinical History: LMP \_\_\_\_/\_\_\_\_/\_\_\_\_
Menses  Reg.  Irreg.
 BCP  IUD  Post Menopausal  Supracervical Hysterectomy
 Pregnant  Hormones  Radiation
 Post Partum  Total Hysterectomy  Abnormal Bleeding
 Abnormal Pap/BX. \_\_\_\_\_ (specify below)
Clinical History: \_\_\_\_\_

Bill to:  Doctor's Office  Patient  Insurance  Medicare
Other tests available from the ThinPrep Vial:
HPV TYPING:
 HPV reflex on ASC-US  GC/Chlamydia testing
 HPV regardless of diagnosis  Chlamydia testing
 HPV Only (No Pap Smear)  Gonorrhea testing
 Herpes Simplex Type 1
 Herpes Simplex Type 2
 Other \_\_\_\_\_
(Unless specified, High & Low risk typing will be performed)
\_\_\_\_ High Risk only \_\_\_\_ High & Low Risk

Surgical Pathology:
Exact Anatomic Source(s) of Tissue
A. \_\_\_\_\_
B. \_\_\_\_\_
C. \_\_\_\_\_

Failure to fill out form completely will cause delay of test results

For insurance billing - please fill out form in entirety or copy insurance card

PRIMARY INSURANCE: ID#: GROUP #:
INSURANCE ADDRESS:
INSURANCE PHONE #: INSURANCE SUBSCRIBER: DOB RELATIONSHIP TO PATIENT:
SECONDARY INSURANCE: ID#: GROUP #:
INSURANCE ADDRESS:
INSURANCE PHONE #: INSURANCE SUBSCRIBER: DOB RELATIONSHIP TO PATIENT:

FOR LAB USE ONLY

Cytotechnologist Diagnosis: Pathologist Diagnosis:

Fixative  Alcohol  Spray Fixative  Thin Prep

Lab Accession # Date Received: Time Received: No. of Slides:

COLLECTOR COMPLETES TEAL SHADED AREAS