

PATHOLOGY REFERENCE LABORATORY, L.L.C.



GYN PATHOLOGY REQUISITION

9600 DATAPOINT DR. • SAN ANTONIO, TX 78229
 TELE (210) 892-3700 • TOLL FREE (866) 231-8058 • FAX (210) 617-4692

COLLECTION DATE: _____

BILL TO:
 CLIENT
 PATIENT
 OTHER

ACCOUNT NAME AND ADDRESS

PATIENT LAST NAME		FIRST		M.I.	
RELATIONSHIP TO INSURED: <input type="radio"/> SELF <input type="radio"/> SPOUSE <input type="radio"/> DEPENDENT					
PHONE ()	PATIENT SS #	PATIENT ID/MR #	DATE OF BIRTH / /	SEX <input type="radio"/> F <input type="radio"/> M	
INSURED NAME/RESPONSIBLE PARTY			INSURED SS #		
PATIENT ADDRESS (OR INSURED/RESPONSIBLE PARTY)					APT. NO.
CITY			STATE	ZIP	
EMPLOYEE NAME			PHONE ()		
INSURANCE COMPANY NAME					
INSURANCE COMPANY ADDRESS					
CITY			STATE	ZIP	
INSURANCE COMPANY PHONE ()		INSURANCE/GROUP #		MEMBER/SUBSCRIBER ID #	
MEDICARE #		SUFFIX <input type="radio"/> PRIMARY <input type="radio"/> SECONDARY	MEDICAID #		STATE

SURGICAL PATHOLOGY

SEND DUPLICATE REPORT TO:	TISSUE SUBMITTED	ICD-9 CODES
CLINICAL HISTORY/COMMENTS:	1.	1.
	2.	2.
	3.	3.
	4.	4.

CYTOPATHOLOGY

PLEASE HAVE MEDICARE PATIENTS REVIEW AND SIGN THE SEPARATE ADVANCED BENEFICIARY (ABN) FORM FOR NON-COVERED SERVICES.

Please check one box in this section:
 SCREENING PAP: Routine (V72.31)
 SCREENING PAP: High-risk of cervical cancer, screening recommended by physician more often than based on history (V76.2)
 DIAGNOSTIC PAP: History, signs or symptoms of abnormality ICD-9 code _____

SPECIMEN SOURCE: Cervix Vagina

PAP SMEAR (1-2 SLIDES)

ThinPrep®+Imaging:

- Pap Test
- HR HPV Screening (over 30)
- HR HPV Reflex/ASCUS
- Chlamydia & Gonorrhea

ThinPrep®:

- Pap Test
- HR HPV Screening (over 30)
- HR HPV Reflex/ASCUS
- Chlamydia & Gonorrhea

SurePath®:

- Pap Test
- HR HPV Screening (over 30)
- HR HPV Reflex/ASCUS
- Chlamydia & Gonorrhea

- HPV ONLY
- HPV, HR REFLEX WHEN ASCUS OR LSIL
- HPV, HR/LR REFLEX WHEN ASCUS
- HPV, HR/LR REFLEX WHEN ASCUS OR LSIL

CHLAMYDIA & GONORRHEA CHLAMYDIA ONLY GONORRHEA ONLY

GROUP B STREP (SWAB) Source: Vaginal Rectal

HERPES SIMPLEX I & II (liquid base pap specimen)

CLINICAL HISTORY:

LAST MENST. PERIOD: _____ DATE OF LAST PAP: _____

PREVIOUS RESULTS: NORMAL REACTIVE AGUS ASCUS LGSIL HSIL

ROUTINE TOTAL HYSTERECTOMY SUPRACERVICAL HYSTERECTOMY

POST PARTUM POSTMENOPAUSAL PREV RADIATION OR CHEMO

IUD PREGNANT _____ WKS HORMONE THERAPY: (SPECIFY) _____

DES EXPOSURE EARLY SEXUAL ACTIVITY HISTORY OF STD MULTIPLE SEXUAL PARTNERS

The following is a partial list of ICD-9 diagnosis codes pertinent to women's health care. Refer to a current ICD-9 manual for a complete listing:

- V22.2 Pregnant state, incidental
- V73.98 Unspecified chlamydial disease
- V73.99 Unspecified viral disease
- V74.5 Screening for venereal disease
- V76.2 HR screening for cervical pap
- 078.11 Condyloma Acuminatum
- 079.4 Human Papillomavirus
- 616.0 Cervicitis
- 616.10 Vaginitis and vulvovaginitis
- 622.10 Dysplasia, Cervix
- 622.7 Mucous polyp of cervix
- 623.0 Dysplasia, Vagina
- 624.0 Dystrophy of Vulva
- 624.9 Unspecified disorder of vulva
- 626.8 Abnormal Bleeding
- 627.1 Postmenopausal Bleeding
- 627.3 Atrophic Vaginitis
- 795.00 Abnl glandular pap
- 795.01 ASCUS Pap
- 795.02 ASCUS cannot r/o HSIL
- 795.03 LSIL Pap
- 795.04 HSIL Pap
- 795.05 HPV Positive
- 795.06 Pap w/ malignancy
- 795.08 Unsatisfactory smear
- 795.09 Othr abnl cervical pap