



2434 Interstate Plaza Drive
Hammond, IN 46324
219-989-3700 Fax 219-989-3905

PATHOLOGY REQUISITION HISTOLOGY / CYTOLOGY

Date Collected:		Ordering Physician:	
Physician Signature: _____ (Required)			
Patient Information / Billing Information (Please Print)			
Pt. Last Name	First	M.	DOB
Pt. Address			
City		State	Zip
Patient SS#		Pt. Telephone #	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Bill to: <input type="checkbox"/> Patient <input type="checkbox"/> Insurance	<input type="checkbox"/> Medicare <input type="checkbox"/> Client/Physician	<input type="checkbox"/> Medicaid <input type="checkbox"/> PHO	Ins. Change <input type="checkbox"/> See Attached <input type="checkbox"/>
PRIMARY INSURANCE (or attach a copy of insurance card - both sides)			
Responsible Party's Name			
Claims Address		City	State Zip
Insurance Name:		Patient is: <input type="checkbox"/> Subscriber <input type="checkbox"/> Spouse <input type="checkbox"/> Other	
Policy #:		Group #:	
Other Info:		Policy Holder DOB:	

***** Submit ABN with request for Medicare routine screening Pap Smear and/or HPV *****

GYNE-CYTOLOGY (PAP/HPV) Bolded areas required

Clinical History: LMP ___/___/___
 Preg (wks) ___ Postpartum (wks) ___
 Hyst Postmenopause (yrs) ___ Hormone Rx ___
 Contraceptive ___ IUD ___
 Previous GYN Malignancy ___
 Pelvic Radiation Chemotherapy

SPECIMEN SOURCE: (must √) Vag Cervix Endocx
 ECC as Pap Labia/vulva

SPECIMEN TYPE: (must √) ThinPrep vial Conventional smear

TEST(S): (must √ one)
 PAP only
 PAP & high-risk HPV (both)
 PAP & high-risk HPV reflex on ASCUS Pap
 PAP & high-risk HPV on any abnormal
 Pap & high-risk HPV co-test Ages30-64 per ASCCP guidelines

REASON FOR TEST:

Routine screening

- Routine gyne exam
 - w/abn findings (Z01.411)
 - w/o findings (Z01.419)
- Low-risk vagina only (Z12.72)
- Pregnancy (Z34.90)
- Routine screening for HPV non reflex (Z11.51)
- High-risk, contact (Z77.9)
- High-risk other (Z91.89)

OR Diagnostic (indicate ICD-10 code)

- Repeat of abnormal Pap *(see below)
- Repeat for Unsat pap (R87.615)
- History of HPV (R87.810)
- Suspicious lesion (D49.9)
- Postmenopausal bleeding (N95.0)
- DUB (N92.1) Polyp (D28.9)
- Vaginal discharge (N89.8)
- Other ICD-10 _____

***PREVIOUS CYTOLOGY HISTORY**

Neg/ Reactive ASCUS R87.610 AGUS R87.619 LSIL R87.612 ASC-H R87.611 HSIL R87.613

DATE:

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MOLECULAR PATHOLOGY

- High-risk HPV with 16,18 genotyping (NO PAP) ICD-10 _____
- ThinPrep vial ICD-10 _____
- GC / Chlamydia ICD-10 _____
 ThinPrep vial Swab
- Herpes 1&2 (swab in M4 media) ICD-10 _____
- UroVysion (min. 50 mL) ICD-10 _____

HISTOLOGY / NON-GYNE CYTOLOGY

- Biopsy Cytology Urine Cytology

Clinical History / Preop Diagnosis REQUIRED

Clinical Suspicion / Postop Impression

Specimen: Source and Site

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____

Name _____
DOB: _____

Name _____
DOB: _____

Name _____
DOB: _____

Name _____
DOB: _____

Name _____
DOB: _____

Name _____
DOB: _____

Cytology Use Only Tech: Adeq _____ Dx _____ Recom _____ Initials _____ Date _____

Pathologist: Agree _____ Adeq _____ Dx _____ Recom _____ Initials _____ Date _____