Beebe Healthcare

NPI #1821196486

Place Computer Generated Label Here

REQUEST FOR GYN CYTOPATHOLOGY

Patient's Legal Name (Last, First, Middle Initial)			**FOR LAB USE**
Date of Birth:	Social Security Number:	□ Female □ Male	Billing Number:
Street Address:			Cytology Number:
City:	State, Zip Code:	Home Phone #:	
Ordering Physician Name and Signature:	Office Location:	NPI Number:	
PCP / Additional Copies To:			
Collection Date (Date of Service)**:**		**Collection Time:**	

BILLING INFORMATION – submit front and back copy of Insurance Card

Subscriber's Name	Subscriber's DOB:	Subscriber's Address Relationship to Patient: □ Spouse □ Parent □ Other

SPECIMEN SOURCE: □ **Cervical** □**Vaginal** □ **Other:**_____

ICD-10 CODE(S)

□ **Z12.4** Cervical Screening □ **Z12.72** Vaginal Screening □ **Z11.51** HPV Screening
□ **Z01.419** Normal Gyn Exam □ **Z01.411** Abnormal Gyn Exam □ **R87.6**___ Hx Abnormal Pap Results
□ **Z87.8**___ Hx Positive HPV □ **Z34.**____ Pregnant □ **Z39.2** Post Partum □ **Other:**_____

TEST(S) REQUESTED (CHECK OFF ALL REQUESTED TESTS)

□□ **Thin Prep Pap Test**
□□ **High Risk (HR) HPV Testing** (with genotyping for 16/18)
□ **Reflex High Risk HPV**, if Pap Result is ASCUS
□□ **Chlamydia trachomatis / Neisseria gonorrhea** (CT/NG)
□ **Other Testing** (specify) _____

MENSTRUAL STATUS

Date of LMP: ***OR***

□ Post Menopausal □ Pregnant □ Post Partum
□ Total Hysterectomy □ Supracervical Hysterectomy

Date of Last Pap Test:

PERTINENT HISTORY (CHECK ALL THAT APPLY)

□□ Abnormal Pap/HPV Test – Result: _____
□□ Previous Cancer – Type: _____
□□ Biopsy / Colposcopy – Result: _____
□□ Cone / LEEP Biopsy – Result: _____
□□ Cryotherapy / Laser
□□ Pelvic Radiation
□□ Chemotherapy
□□ HPV Vaccination
□□ Oral Contraceptive / NUVA Ring
□□ Depo Provera
□□ IUD
□□ Hormonal Therapy
□□ Pessary
□□ Other treatment – Specify _____

FOR LAB USE

Date Received: _____

Time Packaged: _____

Time in Lab: _____

LAB1503