QUICK REFERENCE GUIDE
Request for GYN Cytopathology

Beebe Healthcare
NPI #1821196486
REQUEST FOR GYN CYTOPATHOLOGY

Place Computer Generated Label Here

Patient's Legal Name (Last, First, Middle Initial): *Doe, Jane, A.*			**FOR LAB USE** Billing Number:
Date of Birth: *00/00/0000*	Social Security Number: *000/00/0000*	X Female ☐ Male	Cytology Number:
Street Address: *123 Main Street*			
City: *LEWES*	State, Zip Code: *DE, 19958*	Home Phone #: *000-000-0000*	
Ordering Physician Name and Signature: *Physician/Provider Name and Signature*		Office Location: *Facility Name*	NPI Number: *0000000000*
PCP / Additional Copies To: *Add names of additional providers to be copied on this report, if applicable*			
Collection Date (Date of Service): *00/00/0000*	**Collection Time:** *1:00 PM*		

BILLING INFORMATION – submit front and back copy of Insurance Card

Subscriber's Name: *Policy Holder Name*	Subscriber's DOB: *00/00/0000*	Subscriber's Address: *Complete as Applicable* Relationship to Patient: Spouse Parent Other: *SELF*

SPECIMEN SOURCE: ☐ Cervical X Vaginal ☐ Other:_____

ICD-10 CODE(S) CHECK CODE →
☐ **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)
X☐ **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: *00/00/0000* ***OR***
☐ Post Menopausal ☐ Pregnant ☐ Post Partum
☐ Total Hysterectomy ☐ Supracervical Hysterectomy
Date of Last Pap Test: *00/00/0000*

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 _____

← **EVERY ORDER MUST INCLUDE:**
- Date of Last Menstrual Period
- Menstrual Status
- Any Previous Cancers (Ovarian, Uterine Or Breast)
- Current Birth Control

FOR LAB USE
Date Received: _____
Time Packaged: _____
Time in Lab: _____

REQUEST FOR GYN CYTOPATHOLOGY
Form No. 10395 rev. 12/06, 8/11, 9/15

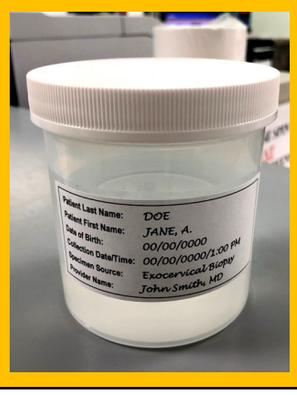
LAB1503

White Copy: Pathology Department Yellow Copy: Patient Chart

SPECIMEN LABEL MUST INCLUDE:

1. Patient First Name
2. Patient Last Name
3. Date of Birth
4. Collection Date & Time
5. Specimen Source
6. Provider Name

(Do not affix label to lid)



Your compliance is critical to ensure accurate results.
Incomplete, mislabeled or unlabeled specimens will not be accepted without reconciling discrepancies, which can delay patient care and treatment.

Outpatient Specimen Collection Guidelines

Paper Requisitions:
Complete the yellow-highlighted areas as illustrated in the form above. Please ensure all information is legible and the correct ICD-10 code is indicated for the test you are ordering.

Electronic Requisitions:
Ordering methods vary by EMR. Please be sure the required, yellow-highlighted information illustrated above is reflected in your order and the correct ICD-10 code is indicated for the test you are ordering.

Specimen Labeling:
Legibly label each specimen container (not the lid) with the identical information indicated on the requisition form. See above example. Make sure lids are secure to prevent leaking of formalin into specimen bag.

Specimen Transport:
Place each specimen, requisition and any related documents in a bio-hazard bag. If your practice has been provided with a specimen lock-box and a pre-determined pick-up schedule, place specimen in lock-box. For non-scheduled pick-ups or time-sensitive specimens please request a courier via MCE courier application or call **Beebe Laboratory Client Services at 302-645-3241** to arrange and confirm a pick-up time.

To review additional specimen collection and handling guidelines see our Laboratory Collection Manual at www.beebemedicalcenter.testcatalog.org