

PLEASE CHECK BOXES (DO NOT USE HIGHLIGHTER)



Clinical Laboratories
600 Highland Ave., Madison WI 53792-2472
(608) 263-7060

(May affix patient label)

Form with fields: Patient Name (Last, First, MI), Collect Date, Collect Time, MR#, DOB, Sex: M F, Ordering Location, Patient Address, Billing/Authorizing Provider (First and Last Name), Patient Phone, Ordering Provider (Only if different), Insurance Coverage, Payor Name, Plan Name, Group #, Member #, Subscriber Name, Subscriber #, Subscriber Address.

ICD-10 Code(s) must be provided: Z12.4 Encounter for screening for malignant neoplasm of cervix, Z01.419 Encounter for gynecological examination (general) (routine) without abnormal findings, Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings, Z01.42 Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

FORM MUST BE COMPLETELY FILLED OUT WITH ALL INFORMATION REQUESTED

CYTOLOGY ACCESSION STICKER PLACED HERE

SIGNS and SYMPTOMS- RELEVANT HISTORY

GYNECOLOGICAL (PAP TESTS ONLY)

NON-GYNECOLOGICAL

REQUIRED FOR PROCESSING- PLEASE CHECK ONE

- Pap Screen Routine
Pap Screen High Risk
Pap Diagnostic High Risk

SPECIMEN SITE:

- Cervical (includes Ectocervix and Endocervix)
Vaginal
Vaginal Cuff
Vaginal/ Cervical
ECC Brushing
Other:

Reflex HPV Typing (High Risk)- from Thin Prep Only:

- HPV Co-Testing (recommended in women 30-65yrs.) If Pap is negative reflex to HPV high risk and if positive then reflex to HPV Genotyping 16/18.
Reflex HPV High Risk (ASCUS or LSIL Pap results)
Reflex HPV High Risk in younger women (21-29 yrs.) with prior abnormal Pap/biopsy results
No HPV DNA Reflex

NOTE: HPV HR testing not recommended for ASCUS and LSIL if <21 years

MENSTRUAL STATUS:

- LMP
Continuous Contraception
Irregular Menses
Menopausal/Postmenopausal
Normal Menses (date for LMP required)
Perimenopausal
Pregnant
Post-Partum
Remote/Unknown LMP

ADDITIONAL CLINICAL HISTORY:

- Abnormal Bleeding
History of HPV Infection
Hormone Replacement Therapy
Radiation or Chemotherapy
Postmenopausal Bleeding
IUD
Contraceptive therapy
Other:

PREVIOUS PROCEDURE:

- Biopsy
Colposcopy Only
Conization
Cryosurgery
Hysterectomy
Laser Treatment
LEEP

CALL 263-3205 TO REQUEST FINE NEEDLE ASPIRATION.

DO NOT ADD HEPARIN TO SPECIMENS

PROCEDURE (Check one box):

- Brushing
Cystoscopy
Fine Needle Aspiration
Lavage
Washing

LOCATION (Check all that apply):

- Left
Right
Other:
Upper Lobe
Middle Lobe
Lower Lobe

SPECIMEN TYPE (Check one box):

- Anal-Rectal
Breast
Bronchus
Cerebrospinal Fluid (CSF)
Common Bile Duct
Cyst
Kidney
Liver
Lung
Lymph Node
Oil Red O Stain for Lipid Laden Macrophages
Pancreas
Pericardial Fluid
Peritoneal Effusion (Ascitic Fluid)
Peritoneal Washing
Pleural Fluid
Salivary Gland - if specified: Parotid, Submandibular
Spleen
Sputum
Synovial Fluid
Thyroid
Urine Catheterized
Urine Tract Washings- specify site:
Urine Voided
Other: