

BILLING INFORMATION	PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)		DATE OF BIRTH		SEX <input type="checkbox"/> M <input type="checkbox"/> F	PLEASE ATTACH A COPY OF PATIENT ID
	PATIENT ADDRESS		CITY	STATE	ZIP CODE	PHONE NUMBER
	BILL TO <input type="checkbox"/> FACILITY <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE ** ATTACH ABN FORM		INCLUDE ALPHA CHARACTERS			
	PRIMARY INSURANCE NAME			SECONDARY INSURANCE NAME		
	INSURED NAME		RELATIONSHIP	INSURED NAME		RELATIONSHIP
	MEMBER ID/GROUP		<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	MEMBER ID/GROUP		<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER
	INSURED ADDRESS			INSURED ADDRESS		
	DATE COLLECTED	TIME COLLECTED <input type="checkbox"/> AM <input type="checkbox"/> PM	COLLECTED BY			
PROVIDER NAME						
PROVIDER SIGNATURE						

CONTAINERS: L-LAVENDER Y-YELLOW TOP/SST U-URINE SW-CULTURE SWAB PAP-THIN PREP VIAL

CYTOLOGY

THESE PROFILES ARE MADE FOR PROVIDER CONVENIENCE, BUT PROVIDER CAN ORDER INDIVIDUAL TESTS OR REQUEST CUSTOM PROFILES

- | | | | |
|--------|--------------------------|--|--------------|
| 035 | <input type="checkbox"/> | THINPREP, IMAGE WITH HPV-HR ALWAYS REFLEX TO 16+18/45, CAND, BV, CT, GC, TV | PAP,SW |
| PA2709 | <input type="checkbox"/> | THINPREP, IMAGE WITH HPV-HR ALWAYS REFLEX TO 16+18/45 | PAP |
| 036 | <input type="checkbox"/> | THINPREP, IMAGE REFLEX TO HPV-HR WITH 16+18/45 WHEN ASCUS OR OTHER ABNORMALITY | PAP |
| PA0083 | <input type="checkbox"/> | THINPREP, IMAGE NO HPV | PAP |
| 024 | <input type="checkbox"/> | PREVENTIVE CARE - FEMALE | PAP,SW,Y,L,U |

PATIENT CLINICAL INFORMATION (REQUIRED FOR CYTOLOGY)

SPECIMEN SOURCE:	MENSTRUAL STATUS:	HORMONES:	LMP DATE: _____
<input type="checkbox"/> CERVICAL	<input type="checkbox"/> POSTMENOPAUSAL	<input type="checkbox"/> HRT	PREV ABNORMAL PAP: _____
<input type="checkbox"/> ENDOCERVICAL	<input type="checkbox"/> POSTPARTUM	<input type="checkbox"/> BCP	
<input type="checkbox"/> VAGINAL	<input type="checkbox"/> PREGNANT	<input type="checkbox"/> IUD	
<input type="checkbox"/> HYSTERECTOMY (TOTAL)			
<input type="checkbox"/> PARTIAL HYSTERECTOMY (CERVIX INTACT)			
SIGNIFICANT CLINICAL FINDINGS : _____			

PCR (POLYMERASE CHAIN REACTION)

- | | | | |
|--------|--------------------------|---|---------|
| 040 | <input type="checkbox"/> | PROFILE VAGINITIS - PLUS (CAND, BV, CT, GC, TV) | SW |
| 061009 | <input type="checkbox"/> | CT (CHLAMYDIA) + GC (GONORRHOEAE) + TV (TRICHOMONAS) - FEMALE, RT PCR | SW or U |
| 356560 | <input type="checkbox"/> | CANDIDA VAGINITIS, RT PCR (CAND - C. ALBINCANS, C. GLABRATA, C. KRUSEI, C. TROPICALIS/PARAPSILOSIS) | SW |
| 356166 | <input type="checkbox"/> | BACTERIAL VAGINITIS, RT PCR (BV - GARDNERELLA VAGINALIS, ATOPOBIUM VAGINAE, BVAB-2, MEGAPHAERA-1) | SW |

TEST PROFILES

- | | | | |
|-----|--------------------------|---|--------------|
| 016 | <input type="checkbox"/> | HORMONES - FEMALE (B12, CBC, CMP, CORT, DHEAS, ESTRA, FE, FERR, FOL, FSH, FT3, FT4, GLY, LH, LIPID PROFILE, MG, PROG, PROL, TESTOP, T4, TSH, U/A, VITADH) | Y,L,U |
| 011 | <input type="checkbox"/> | AMENOR/MENSTR. DISORDER (CBC, CMP, ESR, ESTRA, FERR, FSH, HCG, LH, LIPID PROFILE, MG, PROG, PROL, RET, T3U, T4, TIBCP, TSH, U/A, VITADH) | Y,L,U |
| 026 | <input type="checkbox"/> | PRENATAL (ABORH, ANTIB, HCGQUANT, CBC, CMP, FERR, HEP, HIV, LIPID PROFILE, RET, RUB, T3U, T4, TIBCP, TREP, TSH, CT, GC, TV, U/A) | Y,L,SW or U |
| 034 | <input type="checkbox"/> | SEXUALLY TRANSMITTED INFECTION - FEMALE (HEP, HEPC, HIV, HSVIGG, TREP, CAND, BV, CT, GC, TV) | Y,SW or U |
| 024 | <input type="checkbox"/> | PREVENTIVE CARE - FEMALE | PAP,SW,Y,L,U |

INDIVIDUAL TESTS (✓)

OTHER TESTS :

504 <input type="checkbox"/> ABO+RH	L	301 <input type="checkbox"/> FOLIC ACID	Y	962 <input type="checkbox"/> PREGNANCY SERUM	Y	606 <input type="checkbox"/> T4 FREE	Y
100 <input type="checkbox"/> ANTIBODY SCREENING	L	976 <input type="checkbox"/> FSH	Y	802 <input type="checkbox"/> PREGNANCY URINE	U	602 <input type="checkbox"/> T4 TOTAL	Y
961 <input type="checkbox"/> BETA-HCG QUANTITATIVE	Y	8050 <input type="checkbox"/> GEN HEALTH (CBC, CMP, TSH)	Y,L	TESTOP <input type="checkbox"/> PROFILE TESTOSTERONE	Y	013005 <input type="checkbox"/> TREPONEMA PALLIDUM RFX	Y
402 <input type="checkbox"/> CBC DIFF	L	127 <input type="checkbox"/> GLYCO A1C	L	(FREE TESTOSTERONE INDEX, SEX HORMONE BINDING GLOBULIN, TESTOSTERONE TOTAL)		604 <input type="checkbox"/> TSH	Y
200 <input type="checkbox"/> CHEMSCAN (CMP, CPK, FE, GGTP, LDH, LIPID PROFILE, PHOS, URIC ACID)	Y	HAB <input type="checkbox"/> HEPATITIS B SURFACE AB	Y	246 <input type="checkbox"/> PROGESTERONE	Y	801 <input type="checkbox"/> URINALYSIS	U
54 <input type="checkbox"/> COMPREHENSIVE MET. PANEL	Y	013001 <input type="checkbox"/> HIV-1 HIV-2 PLUS O AG/AB WITH REFLEX	Y	982 <input type="checkbox"/> PROLACTIN	Y	805 <input type="checkbox"/> URINE CULTURE	U
061009 <input type="checkbox"/> CT (CHLAMYDIA) + GC (GONORRHOEAE) + TV (TRICHOMONAS) - FEMALE, RT PCR	SW or U	690024 <input type="checkbox"/> HPV GENOTYPES 16+18/45	PAP	705 <input type="checkbox"/> RPR WITH REFLEX TO TITER	Y	910 <input type="checkbox"/> VAGINAL CULTURE	SW
408 <input type="checkbox"/> ESR (SED RATE)	L	HSVIGG <input type="checkbox"/> HSVIGG W/ REFLEX TO TYPE 1 & 2	Y	18 <input type="checkbox"/> RUBELLA IGG	Y	910B <input type="checkbox"/> VAGINAL GRP B SCREEN	SW
555 <input type="checkbox"/> ESTRADIOL	Y	709 <input type="checkbox"/> LH	Y	973 <input type="checkbox"/> TESTOSTERONE TOTAL	Y	4343 <input type="checkbox"/> VARICELLA IGG	Y
		156 <input type="checkbox"/> LIPID PROFILE (CHOL, HDL, LDL, TRIG)	Y	FT3 <input type="checkbox"/> T3 FREE	Y	303 <input type="checkbox"/> VITAMIN B12	Y
		MMR <input type="checkbox"/> MMR	Y	601 <input type="checkbox"/> T3-UPTAKE	Y	VITADH <input type="checkbox"/> VITAMIN D	Y

DIAGNOSIS CODES (✓)

ADDITIONAL DIAGNOSIS :

Z00.00 <input type="checkbox"/> ADULT EXAM, ROUTINE	Z33.1 <input type="checkbox"/> PREGNANT STATE, INCIDENTAL	N39.0 <input type="checkbox"/> UTI, NOS
N91.2 <input type="checkbox"/> AMENORRHEA, UNSPECIFIED	Z12.4 <input type="checkbox"/> SCREEN, CERVIX MAL NEOPLASM	N76.0 <input type="checkbox"/> VAGINITIS
R53.82 <input type="checkbox"/> CHRONIC FATIGUE	Z11.8 <input type="checkbox"/> SCREEN, INFECT/PARASITIC DIS	Z20.2 <input type="checkbox"/> VENEREAL DIS CONT
E11.9 <input type="checkbox"/> DIABETES, TYPE II	Z12.72 <input type="checkbox"/> SCREEN, VAGINA MAL NEOPLASM	R53.1 <input type="checkbox"/> WEAKNESS
Z01.419 <input type="checkbox"/> GYN EXAM, ROUTINE	R32 <input type="checkbox"/> URINARY INCONTINENCE	R63.4 <input type="checkbox"/> WEIGHT LOSS, ABNORMAL
N92.6 <input type="checkbox"/> IRREGULAR MENSTRUATION, NOS		

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