

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				MEMBER ID/GROUP		MEMBER ID/GROUP		MEMBER ID/GROUP	
	INSURED ADDRESS				INSURED ADDRESS					
	DATE COLLECTED		TIME COLLECTED		COLLECTED BY		WRITE PATIENT'S NAME ON ALL SPECIMENS			

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 **THINPREP, IMAGE WITH HPV-HR ALWAYS REFLEX TO 16+18/45, CAND, BV, CT, GC, TV** **PAP,SW**
- PA2709 **THINPREP, IMAGE WITH HPV-HR ALWAYS REFLEX TO 16+18/45** **PAP**
- 036 **THINPREP, IMAGE REFLEX TO HPV-HR WITH 16+18/45 WHEN ASCUS OR OTHER ABNORMALITY** **PAP**
- PA0083 **THINPREP, IMAGE NO HPV** **PAP**
- 024 **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)

- 061009 **CT+GC+TV - FEMALE, RT PCR** **SW or U** 356560 **CANDIDA VAGINITIS, RT PCR** **SW**
- 040 **PROFILE VAGINITIS - PLUS (CAND, BV, CT, GC, TV)** **SW** 356166 **BACTERIAL VAGINITIS, RT PCR** **SW**

TEST PROFILES

- 016 **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 **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 **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 **SEXUALLY TRANSMITTED INFECTION - FEMALE** (HEP, HEPC, HIV, HSVIGG, TREP, CAND, BV, CT, GC, TV) **Y,SW or U**
- 024 **PREVENTIVE CARE - FEMALE** **PAP,SW,Y,L,U**

INDIVIDUAL TESTS (✓)

OTHER TESTS :

504 <input type="checkbox"/> ABO+RH L	976 <input type="checkbox"/> FSH Y	802 <input type="checkbox"/> PREGNANCY URINE U	602 <input type="checkbox"/> T4 TOTAL Y
100 <input type="checkbox"/> ANTIBODY SCREENING L	8050 <input type="checkbox"/> GEN HEALTH (CBCD, CMP, TSH) Y,L	TESTOP <input type="checkbox"/> PROFILE TESTOSTERONE Y	013005 <input type="checkbox"/> TREPONEMA PALLIDUM RFX Y
961 <input type="checkbox"/> BETA-HCG QUANTITATIVE Y	127 <input type="checkbox"/> GLYCO HGB A1C L	(FREE TESTOSTERONE INDEX, SEX HORMONE BINDING GLOBULIN, TESTOSTERONE TOTAL)	604 <input type="checkbox"/> TSH PAP
402 <input type="checkbox"/> CBC DIFF L	HAB <input type="checkbox"/> HEPATITIS B SURFACE AB Y	246 <input type="checkbox"/> PROGESTERONE Y	801 <input type="checkbox"/> URINALYSIS Y
200 <input type="checkbox"/> CHEMSCAN (CMP, CPK, FE, GGT, LDH, LIPID PROFILE, PHOS, URIC ACID) 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
54 <input type="checkbox"/> COMPREHENSIVE MET. PANEL Y	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 U
061009 <input type="checkbox"/> CT+GC+TV - FEMALE, RT PCR SW or U	HSVIGG <input type="checkbox"/> HSVIGG W/ REFLEX TO TYPE 1 & 2 Y	973 <input type="checkbox"/> RUBELLA IGG Y	910B <input type="checkbox"/> VAGINAL GRP B SCREEN SW
408 <input type="checkbox"/> ESR (SED RATE) L	709 <input type="checkbox"/> LH Y	18 <input type="checkbox"/> TESTOSTERONE TOTAL Y	4343 <input type="checkbox"/> VARICELLA IGG SW
555 <input type="checkbox"/> ESTRADIOL 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 SW
301 <input type="checkbox"/> FOLIC ACID Y	MMR <input type="checkbox"/> MMR Y	601 <input type="checkbox"/> T3-UPTAKE Y	VITADH <input type="checkbox"/> VITAMIN D Y
	962 <input type="checkbox"/> PREGNANCY SERUM Y	606 <input type="checkbox"/> T4 FREE 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		

FOR LAB USE ONLY

