

<b>BILLING INFORMATION</b>	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				ATTACH COPY OF BOTH SIDES OF CARD	
	INSURED NAME		RELATIONSHIP		INSURED NAME		RELATIONSHIP			
	MEMBER ID/GROUP		<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE		MEMBER ID/GROUP		<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE			
			<input type="checkbox"/> CHILD <input type="checkbox"/> OTHER				<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		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)

<b>SPECIMEN SOURCE:</b>	<b>MENSTRUAL STATUS:</b>	<b>HORMONES:</b>	<b>LMP DATE:</b> _____
<input type="checkbox"/> CERVICAL	<input type="checkbox"/> POSTMENOPAUSAL	<input type="checkbox"/> HRT	<b>PREV ABNORMAL PAP:</b> _____
<input type="checkbox"/> ENDOCERVICAL	<input type="checkbox"/> POSTPARTUM	<input type="checkbox"/> BCP	
<input type="checkbox"/> VAGINAL	<input type="checkbox"/> PREGNANT	<input type="checkbox"/> IUD	

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 <span style="margin-left: 20px;"><b>L</b></span>	976 <input type="checkbox"/> FSH <span style="margin-left: 20px;"><b>Y</b></span>	802 <input type="checkbox"/> PREGNANCY URINE <span style="margin-left: 20px;"><b>U</b></span>	602 <input type="checkbox"/> T4 TOTAL <span style="margin-left: 20px;"><b>Y</b></span>
100 <input type="checkbox"/> ANTIBODY SCREENING <span style="margin-left: 20px;"><b>L</b></span>	8050 <input type="checkbox"/> GEN HEALTH (CBCD, CMP, TSH) <span style="margin-left: 20px;"><b>Y,L</b></span>	TESTOP <input type="checkbox"/> PROFILE TESTOSTERONE <span style="margin-left: 20px;"><b>Y</b></span>	013005 <input type="checkbox"/> TREPONEMA PALLIDUM RFX <span style="margin-left: 20px;"><b>Y</b></span>
961 <input type="checkbox"/> BETA-HCG QUANTITATIVE <span style="margin-left: 20px;"><b>Y</b></span>	127 <input type="checkbox"/> GLYCO HGB A1C <span style="margin-left: 20px;"><b>L</b></span>	(FREE TESTOSTERONE INDEX, SEX HORMONE BINDING GLOBULIN, TESTOSTERONE TOTAL)	604 <input type="checkbox"/> TSH <span style="margin-left: 20px;"><b>PAP</b></span>
402 <input type="checkbox"/> CBC DIFF <span style="margin-left: 20px;"><b>L</b></span>	HAB <input type="checkbox"/> HEPATITIS B SURFACE AB <span style="margin-left: 20px;"><b>Y</b></span>	246 <input type="checkbox"/> PROGESTERONE <span style="margin-left: 20px;"><b>Y</b></span>	801 <input type="checkbox"/> URINALYSIS <span style="margin-left: 20px;"><b>Y</b></span>
200 <input type="checkbox"/> CHEMSCAN (CMP, CPK, FE, GGTP, LDH, LIPID PROFILE, PHOS, URIC ACID) <span style="margin-left: 20px;"><b>Y</b></span>	013001 <input type="checkbox"/> HIV-1 HIV-2 PLUS O AG/AB WITH REFLEX <span style="margin-left: 20px;"><b>Y</b></span>	982 <input type="checkbox"/> PROLACTIN <span style="margin-left: 20px;"><b>Y</b></span>	805 <input type="checkbox"/> URINE CULTURE <span style="margin-left: 20px;"><b>U</b></span>
54 <input type="checkbox"/> COMPREHENSIVE MET. PANEL <span style="margin-left: 20px;"><b>Y</b></span>	690024 <input type="checkbox"/> HPV GENOTYPES 16+18/45 <span style="margin-left: 20px;"><b>PAP</b></span>	705 <input type="checkbox"/> RPR WITH REFLEX TO TITER <span style="margin-left: 20px;"><b>Y</b></span>	910 <input type="checkbox"/> VAGINAL CULTURE <span style="margin-left: 20px;"><b>U</b></span>
061009 <input type="checkbox"/> CT+GC+TV - FEMALE, RT PCR <span style="margin-left: 20px;"><b>SW or U</b></span>	HSVIGG <input type="checkbox"/> HSVIGG W/ REFLEX TO TYPE 1 & 2 <span style="margin-left: 20px;"><b>Y</b></span>	973 <input type="checkbox"/> RUBELLA IGG <span style="margin-left: 20px;"><b>Y</b></span>	910B <input type="checkbox"/> VAGINAL GRP B SCREEN <span style="margin-left: 20px;"><b>SW</b></span>
408 <input type="checkbox"/> ESR (SED RATE) <span style="margin-left: 20px;"><b>L</b></span>	709 <input type="checkbox"/> LH <span style="margin-left: 20px;"><b>Y</b></span>	973 <input type="checkbox"/> RUBELLA IGG <span style="margin-left: 20px;"><b>Y</b></span>	4343 <input type="checkbox"/> VARICELLA IGG <span style="margin-left: 20px;"><b>SW</b></span>
555 <input type="checkbox"/> ESTRADIOL <span style="margin-left: 20px;"><b>Y</b></span>	156 <input type="checkbox"/> LIPID PROFILE (CHOL, HDL, LDL, TRIG) <span style="margin-left: 20px;"><b>Y</b></span>	18 <input type="checkbox"/> TESTOSTERONE TOTAL <span style="margin-left: 20px;"><b>Y</b></span>	303 <input type="checkbox"/> VITAMIN B12 <span style="margin-left: 20px;"><b>SW</b></span>
301 <input type="checkbox"/> FOLIC ACID <span style="margin-left: 20px;"><b>Y</b></span>	MMR <input type="checkbox"/> MMR <span style="margin-left: 20px;"><b>Y</b></span>	FT3 <input type="checkbox"/> T3 FREE <span style="margin-left: 20px;"><b>Y</b></span>	VITADH <input type="checkbox"/> VITAMIN D <span style="margin-left: 20px;"><b>Y</b></span>
	962 <input type="checkbox"/> PREGNANCY SERUM <span style="margin-left: 20px;"><b>Y</b></span>	601 <input type="checkbox"/> T3-UPTAKE <span style="margin-left: 20px;"><b>Y</b></span>	
		606 <input type="checkbox"/> T4 FREE <span style="margin-left: 20px;"><b>Y</b></span>	

**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**

