



Accession Number	Date Received
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Patient Information (Please Print or Type)	Physician/Hospital/Surgery Center/Practice Location Information
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<p>Last Name _____ First Name _____ MI _____</p> <p>Patient Record Number _____ Social Security Number _____</p> <p>Age _____ Date of Birth _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F Race _____</p> <p>Address _____</p> <p>City, State, Zip Code _____ (____) _____ Phone Number _____</p>	<p>Performing Physician(s) _____</p> <p>Performing location - Office, Clinic, Hospital, Surgery Center _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>(____) _____ (____) _____</p> <p>Phone Number _____ FAX Number _____</p>
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Billing Information (Attach Copy of Insurance Card or Hospital Face Sheet)	Relevant ICD-10 Codes(s)
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<p>Bill: <input type="radio"/> Insurance <input type="radio"/> Clinic <input type="radio"/> Hospital <input type="radio"/> Physician <input type="radio"/> Medicare _____</p> <p><input type="radio"/> Medicaid _____ <input type="radio"/> Worker's Comp _____</p> <p><input type="radio"/> Patient – Private Pay Agreement: I understand the Laboratory is accepting me as a private pay patient for the period of _____, and I will be responsible for any service I receive. The provider will not file a claim to Medicaid for services. Patient's Signature: _____ Date: _____</p> <p align="center">Primary Insurance Information</p> <p>Ins Co. Name: _____</p> <p>Ins. Co. Address & Phone _____</p> <p>Name of Policy Holder: _____</p> <p>Certificate No.: _____ Group No.: _____</p>	<p>Referring Physician(s) _____</p> <p>Practice Location, Office, Clinic _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p> <p>(____) _____ (____) _____</p> <p>Phone Number _____ FAX Number _____</p>
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	<p align="center">Relevant ICD-10 Codes(s)</p> <p>ICD-10 Code(s) [this specimen(s)]: _____</p> <p>Previous ICD-10 Code(s) _____</p>
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Specimen Type and Required Information

Surgical Pathology / Dermatopathology / Non-GYN Cytopathology / Fine Needle Aspiration

Date Obtained: _____ Breast Specimen-Time out of body: _____ Time placed in Formalin: _____

CLINICAL HISTORY: _____

Sites: A: _____ G: _____

B: _____ H: _____

C: _____ I: _____

D: _____ J: _____

E: _____ K: _____

F: _____ L: _____

Specimen placed in: Michels Media (Direct Immunofluorescence Stains) RPMI Media (Flow Cytometry)

Biopsy Type: Curettage Excision Incision Needle Punch Scissor Shave Slow Mohs Other _____

<p align="center">GYN-Cytopathology</p> <p>Date Specimen Obtained: _____</p> <p>Specimen: <input type="radio"/> Cervix <input type="radio"/> Endocervix <input type="radio"/> Vaginal <input type="radio"/> Vag. Cuff (Hyst.)</p> <p>Clinical Data: <input type="radio"/> Normal <input type="radio"/> Hormone Rx _____</p> <p><input type="radio"/> PP _____WK <input type="radio"/> Pregnant <input type="radio"/> Post Menopausal <input type="radio"/> Other _____</p> <p>LMP: _____ Hormone Evaluation: _____</p> <p>Previous Abnormal Cytology: <input type="radio"/> No <input type="radio"/> Yes Date _____</p> <p><input type="radio"/> Oculus <input type="radio"/> Other Lab - Name _____</p>	<p align="center">Molecular Pathology</p> <p>HPV (Human Papilloma Virus)</p> <p><input type="radio"/> HPV - High Risk (regardless of cytology result)</p> <p><input type="radio"/> HPV - High Risk (ASCUS/AGUS cytology result)</p> <p><input type="radio"/> HPV – High Risk (any abnormal cytology result)</p> <p><input type="radio"/> HPV – Genotype 16 / 18</p> <p>GC (Neisseria gonorrhoeae) / Chlamydia (Chlamydia trachomatis) / Trichomonas/BV</p> <p><input type="radio"/> GC/Chlamydia (Thin Prep / swab / urine) <input type="radio"/> Bacterial vaginosis (swab)</p> <p><input type="radio"/> Trichomonas (Thin Prep / swab / urine) <input type="radio"/> Candida Sp. (swab)</p> <p><input type="radio"/> Mycoplasma sp. (Urine/ swab)</p>
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