Oculus Pathology
601 West Hwy 6, Suite 111
Waco, TX 76710
(254) 752-9621
FAX: (254) 756-2047
CLIA# 45DO488603
www.ThinkOculus.com

Accession Number	Date Received

Patient Information (Please Print or Type)

Last Name _____ First Name _____ MI ___

Patient Record Number _____ Social Security Number _____

Age _____ Date of Birth _____ ☐M ☐F Sex Race _____

Address _____

City, State, Zip Code _____ (____)_____ Phone Number

Physician\Hospital\Surgery Center\Practice Location Information

Performing Physician(s) _____

Performing location - Office, Clinic, Hospital, Surgery Center _____

Address _____

City, State, Zip Code _____

(____)_____ Phone Number (____)_____ FAX Number

Billing Information (Attach Copy of Insurance Card or Hospital Face Sheet)

Bill: ◯ Insurance ◯ Clinic ◯ Hospital ◯ Physician ◯ Medicare _____

◯ Medicaid _____ ◯ Worker's Comp_____

◯ Patient – Private Pay Agreement: I understand Oculus Pathology is accepting me as a private pay patient for the DOS_____, 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:_____

Primary Insurance Information

Ins Co. Name: _____

Ins. Co. Address & Phone _____

Name of Policy Holder: _____

Certificate No.: _____ Group No.:_____

Referring Physician(s) _____

Practice Location, Office, Clinic _____

Address _____

City, State, Zip Code _____

(____)_____ Phone Number (____)_____ FAX Number

Relevant ICD-10 Codes(s)

ICD-10 Code(s) [this specimen(s)]: _____

Previous ICD-10 Code(s)_____

Specimen Type and Required Information

GYN-Cytopathology **Date/Time Collected** : _____

Specimen: ◯ Cervix ◯ Endocervix ◯ Vaginal ◯ Other (Specify)_____

Clinical Findings: Date of LMP_____ ◯ Post Menopausal ◯ IUD

◯ Pregnant ◯ Post Partum ◯ Hysterectomy ◯ BCP/Estrogen therapy

◯ Radiation ◯ Chemotherapy ◯ Abnormal Uterine Bleeding

◯ Other_____

Previous Abnormal Cytology or GYN Malignancy (Specify): ◯ Yes ◯ No

CPA ◯ Other Lab ◯ Date _____ Where:_ _____

Age-Based Pap Panels

Women 21-29 HPV reflex when ASCUS	**Women 30-65** Reflex to Genotype with Normal Pap and Positive HPV
◯ Pap Reflex to HPV	◯ Pap & HPV reflex Genotype 16, 18/45
◯ Pap Reflex to HPV + GC/Chlamydia	◯ Pap & HPV reflex Genotype 16, 18/45 + GC/Chlamydia
◯ Pap Reflex to HPV + GC/Chlamydia + Trich	◯ Pap & HPV reflex Genotype 16, 18/45 + GC/Chlamydia + Trich

Other: ◯ Pap Only Regardless of Age

Add-On Molecular Test

- ◯ HPV (ThinPrep)
- ◯ HPV Reflex to Genotypes 16, 18/45 (ThinPrep)
- ◯ HPV Genotypes 16, 18/45 (ThinPrep)
- ◯ GC/Chlamydia (ThinPrep / swab / urine)
- ◯ Trichomonas (Thin Prep / swab / urine)
- ◯ Mycoplasma (Urine/ swab)
- ◯ Bacterial vaginosis (swab)
- ◯ Candida Sp. (swab)

Syndromic Panels

STI panel
◯ GC/Chlamydia, Trichomonas, Mycoplasma sp. (Urine / swab)

Vaginitis Panel
◯ BV, Candida glabrata, Candida species, Trichomonas (swab)

Urine Cytology: ◯ Voided Urine ◯ Ileal Conduit Urine ◯ Catheterized Urine ◯ Reflex FISH ◯ Other _____

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. _____ B. _____ C._____

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

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

Other_____

*Surgical specimen will be reported separately.