



CPA 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>Phone Number _____ FAX Number _____</p>
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Billing Information (Attach Copy of Insurance Card or Hospital Face Sheet)	Referring Physician(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 CPA 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>Phone Number _____ FAX Number _____</p>
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	Relevant ICD-10 Codes(s)
	ICD-10 Code(s) [this specimen(s)]: _____
	Previous ICD-10 Code(s) _____

Specimen Type and Required Information

<p>GYN-Cytopathology Date/Time Collected : _____</p> <p>Specimen: <input type="radio"/> Cervix <input type="radio"/> Endocervix <input type="radio"/> Vaginal <input type="radio"/> Other (Specify) _____</p> <p>Clinical Findings: Date of LMP _____ <input type="radio"/> Post Menopausal <input type="radio"/> IUD</p> <p><input type="radio"/> Pregnant <input type="radio"/> Post Partum <input type="radio"/> Hysterectomy <input type="radio"/> BCP/Estrogen therapy</p> <p><input type="radio"/> Radiation <input type="radio"/> Chemotherapy <input type="radio"/> Abnormal Uterine Bleeding</p> <p><input type="radio"/> Other _____</p> <p>Previous Abnormal Cytology or GYN Malignancy (Specify): <input type="radio"/> Yes <input type="radio"/> No</p> <p>CPA <input type="radio"/> Other Lab <input type="radio"/> Date _____ Where: _____</p>	<p align="center">Age-Based Pap Panels</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Women 21-29 HPV reflex when ASCUS</p> <p><input type="radio"/> Pap Reflex to HPV</p> <p><input type="radio"/> Pap Reflex to HPV + GC/Chlamydia</p> <p><input type="radio"/> Pap Reflex to HPV + GC/Chlamydia + Trich</p> </td> <td style="vertical-align: top;"> <p>Women 30-65 Reflex to Genotype with Normal Pap and Positive HPV</p> <p><input type="radio"/> Pap & HPV reflex Genotype 16, 18/45</p> <p><input type="radio"/> Pap & HPV reflex Genotype 16, 18/45 + GC/Chlamydia</p> <p><input type="radio"/> Pap & HPV reflex Genotype 16, 18/45 + GC/Chlamydia + Trich</p> </td> </tr> </table> <p>Other: <input type="radio"/> Pap Only Regardless of Age</p>	<p>Women 21-29 HPV reflex when ASCUS</p> <p><input type="radio"/> Pap Reflex to HPV</p> <p><input type="radio"/> Pap Reflex to HPV + GC/Chlamydia</p> <p><input type="radio"/> Pap Reflex to HPV + GC/Chlamydia + Trich</p>	<p>Women 30-65 Reflex to Genotype with Normal Pap and Positive HPV</p> <p><input type="radio"/> Pap & HPV reflex Genotype 16, 18/45</p> <p><input type="radio"/> Pap & HPV reflex Genotype 16, 18/45 + GC/Chlamydia</p> <p><input type="radio"/> Pap & HPV reflex Genotype 16, 18/45 + GC/Chlamydia + Trich</p>
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<p align="center">Add-On Molecular Test</p> <p><input type="radio"/> HPV (ThinPrep) <input type="radio"/> Trichomonas (Thin Prep / swab / urine)</p> <p><input type="radio"/> HPV Reflex to Genotypes 16, 18/45 (ThinPrep) <input type="radio"/> Mycoplasma sp. (Urine / swab)</p> <p><input type="radio"/> HPV Genotypes 16, 18/45 (ThinPrep) <input type="radio"/> Bacterial vaginosis (swab)</p> <p><input type="radio"/> GC/Chlamydia (ThinPrep / swab / urine) <input type="radio"/> Candida Sp. (swab)</p>	<p align="center">Syndromic Panels</p> <p>STI panel</p> <p><input type="radio"/> GC/Chlamydia, Trichomonas, Mycoplasma sp. (Urine / swab)</p> <p>Vaginitis Panel</p> <p><input type="radio"/> BV, Candida glabrata, Candida species, Trichomonas (swab)</p>
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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: _____ D: _____

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.