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GYN & Non-GYN Cytology Specimen Requisition

_____ - _____ - _____ Patient's Social Security #	____/____/____ Date of Birth:
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Collection Date: ____/____/____

Submitting Physician:

 Name / Practice

 Patient Last Name / First Name / Middle Name

 Street Address

 Street Address

 City

 State

 City

 State

 Zip

 Zip

 Phone

Male Female
 Gender

 Patient Phone #:

 Fax

 Guarantor Last / First Name: *(If different from Patient)*

Bill To:

Self-Pay *(Patient)*

Face Sheet Attached

 Street Address *(If different from Patient)*

Medicare# _____

Medicaid# _____

 City

 State

 Zip

Self Parent Spouse Guardian Other: _____
 Guarantor Relationship to Patient

ICD Codes

Z01.411 – Annual Gyn, with findings Z01.419 – Annual Gyn, without findings

Other: _____ Z33.1-Pregnancy N93.8-Abnormal Bleeding N95.0-PMB

R87.619-Abnormal Pap, Other R87.610-ASCUS R87.612-LSIL R87.613-HSIL

Cytopathology (Gynecological)

Source: Cervical/Endocervical Endocervical Only

Vaginal Other: _____

Screening Pap: *This Pap smear is part of the routine physical exam. (No Patient Complaints)*

Diagnostic Pap: *Previous abnormal tests, findings, symptoms, or significant complaints.*

HPV HR - ASCUS Only¹ **HPV HR¹** **CT/NG**

Trichomonas

History: LMP: _____ **Date Last PAP:** _____

Weeks Pregnant: _____ Weeks Postpartum: _____ Weeks Pregnant: _____

IUD in place Hormonal Therapy Abnormal Cervix

Gynecological complaint Previous gyn. surgery Previous gyn. cancer

Chemotherapy / Radiation Previous abnormal Pap Significant non-gyn. disease / abnormalities

¹ By ordering this test, the clinician acknowledges that additional reflex HPV HR 16, 18/45 testing will be performed and billed at a separate additional charge.

Cytopathology (Non-Gynecological)

Specimen Type:

Esophageal Brushing Bronchial Washing

Urine (Voided) Urine (Catheterized)

Urine (Other): _____ Gastric Brushing

Bronchial Brushing Peritoneal Effusion

Bronchial Lavage Pleural Fluid

Sputum Bladder Washing

FNA (Specify): _____

Other (Specify): _____

Relevant History:

 = A Required Response