



Peninsula Pathologists Medical Group Inc

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GYN CYTOLOGY REQUISITION

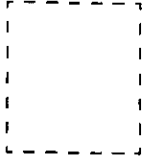
Date of Submission

➔ Date of Specimen Collection

For Laboratory Use

MR#

Acct #



Patient Information

Complete information is essential for specimen evaluation.

➔ Patient's Name

Address

City

State / Zip Code

➔ Date of Birth

Social Security No.

➔ Referring Physician

Other Physician

➔ Please attach a legible copy of the patient's insurance information and/or insurance card.

Specimen Information:

➔ Source:

- Cervical
- Vaginal

➔ Collection Device

- Thin Prep
- Conventional Smear

➔ HPV / Chlamydia / GC Testing

- Thin Prep vial (Includes cervical cytology) Digene tube
- HPV (high risk) if ASC-US
- HPV (high risk) if ASC-US or AGUS
- HPV (high risk) if negative or ASC-US
- HPV (high risk) if other: _____
- CT/GC (Chlamydia trachomatis / Neisseria gonorrhoea)

Clinical Information:

➔ Reason for Cervical Cytology (Pap):

- Screening
 - Low risk (V76.2) High risk (V15.89)
- Follow-up for medical necessity
 - Previous abnormal Pap showing:
 - AGUS (795.00)
 - ASCUS (795.01)
 - ASCUS-H (795.02)
 - Cervical lesion (622.9)
 - Unsatisfactory specimen (795.08)
- Other (Must have supporting ICD-9 code) _____

PREMENOPAUSAL

➔ Last Menstrual Period _____

Pregnant

No Yes

Post Partum or Lactating

No Yes

Birth Control

BC Pill IUD

Other hormonal method (specify) _____

Date(s) of Abnormal Paps

Concurrent Biopsy

No Yes

POSTMENOPAUSAL

Hormone Replacement Therapy

No Yes

Hysterectomy

Total
 Subtotal (cervix intact)

➔ FAILURE TO PROVIDE MINIMAL PATIENT INFORMATION IN MARKED AREAS WILL RESULT IN DELAY OF PROCESS OR RETURN OF THE SPECIMEN.