



Surgical and GYN Cytology Request

PATIENT INFORMATION	Last	First	M	PHYSICIAN INFORMATION	Provider Signature (REQUIRED)	Date
	SSN				Office Site	
	Date of Birth	Sex (circle one) M F			Ordering Physician	
	Address				Copies to	
	City, State, Zip				Precertification / Preauthorization / Referral #	
	Phone				Special Instructions	
PLEASE ATTACH A COPY OF THE PATIENT'S INSURANCE CARD				<input type="checkbox"/> Slides for DPS Consultation (and Testing Deemed Essential)		

2 Identifiers are **REQUIRED** on all specimen containers. Ensure last/first name or initials AND date of birth or specimen type are on each specimen.

CLINICAL HISTORY / MEDICATIONS / ICD-10 or DIAGNOSIS

Previous Pap Smear Date: ___/___/___	LMP: ___/___/___	Dx if not DPS: _____

Specimens for Diagnosis with Essential Testing

SURGICAL PATHOLOGY	ALL breast tissue MUST be placed in fixative immediately after biopsy. Date and time must be notated: ___:___/___/___	CYTOLOGY / MOLECULAR	<input type="checkbox"/> Pap - Well Woman (z01.419)	<input type="checkbox"/> Pap - Diagnostic
	A.		<input type="checkbox"/> Pap - Screening (z12.4)	
	B.		Source <input type="checkbox"/> Cervical <input type="checkbox"/> Anal <input type="checkbox"/> Other (specify)	
	C.		<input type="checkbox"/> Vaginal <input type="checkbox"/> Oral	
	D.		Tests (ICD codes required, cross off codes if necessary) <input type="checkbox"/> HPV High Risk (z11.51)	
	E.		<input type="checkbox"/> Reflex HPV High Risk on ASCUS (z11.51)	
	F.		<input type="checkbox"/> CT/GC (z11.3)	
	G.		<input type="checkbox"/> Trich	
<input type="checkbox"/> Checking this box indicates that the provider has obtained the patient's verbal consent for the retention and sharing of left-over samples for research or educational purposes, according to the Notice of Biological Sample Practices.		<input type="checkbox"/> GBS Must collect on ESwab	<input type="checkbox"/> Vaginitis Panel (BV, Yeast, Trich)	
		<input type="checkbox"/> Mgen	<input type="checkbox"/> HSV 1/2 (must use separate swab)	
		<input type="checkbox"/> Other Requests:		
		Urine <input type="checkbox"/> CT/GC (z11.3) <input type="checkbox"/> Urinalysis <input type="checkbox"/> Culture		
		<input type="checkbox"/> Trich <input type="checkbox"/> Cytology <input type="checkbox"/> Mgen		

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1253 College Park Drive • Dover, DE 19904

(877) DPS-MICS • (302) 677-0000 • Fax (302) 677-0010

Visit www.dpspa.com for specimen collection procedures • Updated February 2022