



**PATIENT INFORMATION**

Last \_\_\_\_\_ First \_\_\_\_\_ M

SSN \_\_\_\_\_

Date of birth \_\_\_\_\_ Sex (circle one) M F

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Phone \_\_\_\_\_

**PHYSICIAN INFORMATION**

Date \_\_\_\_\_

Office site \_\_\_\_\_

Ordering physician \_\_\_\_\_

Primary care \_\_\_\_\_

Referring \_\_\_\_\_

Additional reports to \_\_\_\_\_

**Label specimens with patient info and tissue type submitted and place in bio-bag**

**Please attach photocopy of patient's insurance card**

**CLINICAL HISTORY / MEDICATIONS / ICD-9 or DIAGNOSIS**

\_\_\_\_\_

\_\_\_\_\_

Previous Smear (Date and Diagnosis if not DPS)

Routine Diagnosis  Consultation on submitted slides

**UROLOGY SPECIMENS**

Voided Urine  Bladder Wash

Bladder Biopsy Locations: \_\_\_\_\_

Prostate (Mark One):

2 Specimens—Right and Left

6 Specimens—3 Right and 3 Left

8 Specimens—4 Right and 4 Left

Others: \_\_\_\_\_

Total Number of Containers \_\_\_\_\_

**GYN-CYTOLOGY**

**Required**

Screening  Diagnostic

If Medicare, follow policy. Submit Advance Beneficiary Notice (ABN), if ap-

**ThinPrep Source**

Cervical  Vaginal LMP: \_\_\_\_\_

**Additional Tests**

HPV - High- Risk  CT/GC on ThinPrep

HPV - High-Risk for ASCUS and LGSIL

**Check All That Apply**

Cancer  IUD  Hysterectomy

Pregnant  Hormonal Rx  Cryo Rx

Other  Oral Contr.  LEEP