V Raman Sukumar, MD
Medical Director

Doctors Pathology Services

Self-Pay DPS Pathology Request

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
Copy to
Copy to

By Regulation, Two (2) identifiers are REQUIRED on all specimen containers. Please insure First name, Last name / or initials with the date of birth are on all specimen containers.

CLINICAL HISTORY / MEDICATIONS / ICD-9 or DIAGNOSIS

TESTING TO BE COMPLETED

	TEST	FEE
☐	Pap	$26.00
☐	Pap with HPV	$61.00
☐	CT/GC	$70.00
☐	Trich	$35.00
☐	BV	$35.00
☐	CV/Trich	$70.00
☐	Mgen	$35.00
☐	GBS (PCR)	$41.00
☐	GBS (Culture)	$23.00
☐	Small Biopsy*	$100.00
	-Cervical, EMC, EMB, Punch, Shave	
☐	Large Biopsy*	$170.00
	-LEEP & Wide Excisions	

*Additional charges will be assessed for IHC and special stains

☐ Checking this box indicates that the provider has obtained the patient's permission for the retention and sharing of left-over samples for research or educational purposes, according to the Notice of Biological Sample Practices.

GYN-CYTOLOGY

	SOURCE
☐	Cervical
☐	Vaginal
☐	Anal
	HISTORY
☐	Cancer
☐	Pregnant
☐	IUD
☐	Hrm Rx
☐	Cryo Rx
☐	Oral Contraceptive
☐	Hysterectomy
☐	LEEP
☐	Other: