NO LOGO AVAILABLE

Test Street , Suite 777
Test1, TX 22222
Ph: 123.456.7800 | Fx: 123.456.7800

Accession - Lab Use Only

PATIENT INFORMATION

LAST NAME	FIRST NAME	MI
TEST	PATIENT	

DATE OF BIRTH	MRN / PT. CHART #
01/01/00	123

SOCIAL SECURITY #	SEX	RACE
	M ☐ F ☒	

STREET ADDRESS: 123 TEST AVE

CITY / STATE / ZIP: TEST CITY / TEST ZIP / 65077

HOME PHONE #	WORK PHONE #
123-456-7891	999-999-9999

CLIENT INFORMATION

DR. New Test
TestAccountName
Test Address1
Test City, Test State 1123455
123-456-7894
Dr Assistant Last First M
REFERRING PHYSICIAN:
COPIES TO: Test Copies To

INSURANCE INFORMATION

☒ BILL TO INSURANCE (COPY ID CARD(S) FRONT & BACK OR COMPLETE BELOW) ☐ BILL PATIENT ☐ BILL PHYSICIAN ☐ MEDICARE ☐ MEDICAID

PRIMARY INSURANCE	SECONDARY INSURANCE
Test Insurance Name	
STREET ADDRESS	STREET ADDRESS
CITY / STATE / ZIP	CITY / STATE / ZIP
/ /	/ /
POLICY # / GROUP #	POLICY # / GROUP #
ABC123 / 123ABC	

SPECIMEN INFORMATION

DIAGNOSIS (SPECIFY ICD-10): C50.911, C50.919, D27.1, E28.2, N76.0

COLLECTION DATE: 04/23/2018

MEDICARE PATIENTS: THE ADVANCE BENEFICIARY NOTICE, IF REQUIRED, MUST BE COMPLETED, SIGNED BY THE PATIENT AND ATTACHED

SOURCE & COLLECTION TECHNIQUE (Check all that apply)

☒ Cervical	☐ Vaginal	☒ Endometrial	☐ Blood	☐ Swab Spatula	☐ Spatula Only	☒ CX Broom Only
☐ Endocervical	☐ Labia / Vulva	☐ Rectal	☒ Buccal Swab	☐ Brush / Spatula	☒ Brush Only	☐ Other

PLEASE SUPPLY THE FOLLOWING INFORMATION TO ASSURE A COMPLETE SPECIMEN EVALUATION

CYTOLOGY TESTING (LIQUID-BASED PAP)

- ☒ PAP- Use Standing Order
- ☐ PAP Test Only
- ☒ PAP with HPV (co-testing for women 30 & over)
- ☐ PAP with reflex HPV if ASC-US
- ☒ PAP with reflex HPV if abnormal
- ☐ HPV Genotyping ONLY
- ☒ Conventional Pap

FISH TESTING

- ☒ Cervical FISH

PREVIOUS CYTOLOGY

- ☒ Neg ☐ Atypical ☒ Dysplasia ☐ CA IN-SITU
- ☒ Other: Test other 1

DATE OF LAST PAP: 04/23/18

PREVIOUS TREATMENT

- ☒ Date LMP / Menopause
- ☐ Hyst-Total ☒ Cryo ☒ Radiation
- ☐ Conization ☐ Colp & BX ☒ None
- ☒ Supracervical Hysterectomy

MOLECULAR TESTING

- ☒ **Chlamydia** ☐ **Gonorrhea**
- ☐ **Trichomonas** ☒ **Herpes Simplex I, II**
- ☒ **Group B Strep**
- ☐ **BD Affirm® VPIII Vaginitis Screen** Trichomonas, Gardnerella, Candida
- ☒ **AVID Screen** ☐ **AVID Auto Reflex Test** BV organisms, CV spp. Trich
- ☒ **CHLAMYDIA / GONORRHEA (43)**
- ☐ **LEUKORRHEA (88)** Chlamydia, Gonorrhea, Trichomonas
- ☒ **CANDIDA VAGINITIS (77)** C. albicans, C. krusei, C. tropicalis, C. glabrata, C. parapsilosis
- ☐ **BACTERIAL VAGINOSIS (80)** G. vaginalis, A vaginae, BVAB-2, Megasphaera 1 & 2
- ☒ **UROGENITAL (78)** Mycoplasma hominis, Mycoplasma genitalium, Ureaplasma urealyticum
- ☐ **AEROBIC VAGINITIS (76)** Enterococcus faecalis, Staphylococcus aureus, Group B Strep, Escherichia coli

GENETIC TESTING

- ☒ **FRAGILE X** Family History? ☐ Yes ☒ No — If yes, specify: Test Family history 1
- ☐ **CYSTIC FIBROSIS MUTATION** Family History? ☐ Yes ☐ No — If yes, specify:
- ☒ **SPINAL MUSCULAR ATROPHY** Family History? ☐ Yes ☐ No — If yes, specify: Test Family history 2
- ☐ **ASHKENAZI JEWISH PANEL** Canavan's Disease, Bloom Syndrome, Fanconi Anemia Type C, Gaucher Disease, Tay-Sachs Disease, Familial Dysautonemia, Mucolipidosis Type IV, Niemann Pick Disease — Family History? ☐ Yes ☐ No — If yes, specify:

ETHNICITY

- ☒ African-American ☐ Ashkenazi-Jewish ☐ Asian-American
- ☒ European-Caucasian ☒ Hispanic-American ☐ Multi-ethnic
- ☐ Native American

CHECK ALL THAT APPLY

- ☒ Pregnant 12 weeks of gestation
- ☐ Lactating
- ☒ Post-Partum
- ☐ PMP Bleeding
- ☒ IUD
- ☐ Radiation / Chemo
- ☒ Estrogen Replacement Rx
- ☐ Oral Contraceptives
- ☒ Depo / Norplant
- ☐ Nuva Ring
- ☒ Contraceptive Patch

CNICAL HISTORY / MISCELLANEOUS TEST

Test History

HISTOLOGY / NON-GYN CYTOLOGY

	SITE	METHOD		SITE	METHOD
1	Right Ovary	Biopsy	2	Fundus	Curettage
	R/O Adenomyosis	1.00		R/O Cervicitis	2.00