Cleveland Clinic
Laboratories

2119 E. 93rd / L15
Cleveland, OH 44106
216.444.5755 or 800.628.6816

☐ STAT

CYTOLOGY TEST REQUISITION

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name	First MI
Address	Birth Date Sex ☐ M ☐ F
City	SS #
State Zip	Home Phone
Hospital/Physician Office Patient ID #	Accession #

INSURANCE BILLING INFORMATION (PLEASE PRINT IN BLACK INK)

BILL TO: ☐ Client ☐ Patient ☐ Insurance **(Complete insurance information below)**

ABN ☐ Yes ☐ No **WORKERS COMP:** ☐ Yes ☐ No DOI: _____

PRIMARY: ☐ Medicare ☐ Medicaid ☐ Other Ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name | First MI

Beneficiary / Member # | Group #

Claims Address City State Zip

SECONDARY: ☐ Medicare ☐ Medicaid ☐ Other Ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name | First MI

Beneficiary / Member # | Group #

Claims Address City State Zip

Diagnosis	
Clinical History	

CLIENT INFORMATION

PHYSICIAN SIGNATURE REQUIRED

Physician Signature Date / Time

Physician Print Name NPI#

Date collected: ___/___/___ Time: _____

Collected by: _____

☐ Call results to phone number: (_____) _____

☐ Fax report to: (_____) _____

☐ Send additional report

Physician: _____

Address: _____

City, State, Zip: _____

GYNECOLOGIC (PAP TEST)

☐ ThinPrep™ ☐ Smear ☐ Surepath

SOURCE: ☐ Cervix/Endocervix Vagina: ☐ Vault ☐ Wall

INDICATIONS FOR PAP TEST

ICD-9 code required: _____
(See reverse side for ICD-9 codes)

☐ Screening Pap: routine

☐ Screening Pap: high risk of cervical cancer

☐ Diagnostic Pap Smear

LMP: _____
ABN is required if previous pap is less than 2 years ago

Previous Pap Date: _____ Result: _____

PAP TESTS ONLY FOR LIQUID-BASED

☐ Reflex HPV typing for ASCUS result (76557-HPV) (83741-HPVSP)
If reflex HPV typing is checked, the sample will be sent for HPV typing only if current PAP is ASCUS.

☐ Automatic HPV typing (76557-HPV) (83741-HPVSP)

☐ GC/Chlamydia Amplification (79830-GCCT)

☐ Chlamydia Amplification (79809-CT)

☐ CG Amplification (79810-GC)

NON-GYNECOLOGIC

ICD-9 code required: _____
(See reverse side for ICD-9 codes)

SOURCE

URINE

☐ Catheterized
☐ Voided
☐ Ureter: ☐ R ☐ L
☐ Renal pelvis: ☐ R ☐ L
☐ Bladder wash

BREAST

☐ Left
☐ Right
☐ Cyst aspirate
☐ Nipple discharge
☐ Solid mass aspirate

Aspiration Biopsy (Specify site): _____

Other: _____

MOLECULAR TESTS

☐ EGFR Mutational Analysis (ThinPrep® Slide or Cytolyt®/PreservCyt® vial)

☐ FISH for ALK (ThinPrep® Slide or Cytolyt®/PreservCyt® vial)

☐ FISH for Bladder Cancer

☐ FISH for Bladder Cancer with Urinary Cytology

☐ KRAS (ThinPrep® Slide or Cytolyt®/PreservCyt® vial)

CLINICAL - Check all that apply to GYN and NON-GYN cases:

☐ Routine Exam	☐ Hysterectomy, total	☐ Cryo of Cervix
☐ Pregnant _____ wks	☐ Hysterectomy, subtotal	☐ Hormone Replacement Therapy
☐ Postpartum _____ wks	☐ Radiation Therapy	☐ Oral Contraceptives
☐ Post Menopausal	☐ Chemotherapy	☐ DES Exposure
☐ Post Abortion	☐ Cervix Conization	☐ IUD
☐ Abnormal Bleeding	☐ Cryolaser	☐ Colposcopy

☐ History of Malignancy

Site: _____

WHITE: Laboratory Copy YELLOW: Billing Copy PINK: Client Copy