

Client _____
(REQUIRED)

Ordering Provider: _____
(REQUIRED)

Copy to: _____

PATIENT INFORMATION (REQUIRED)

Name _____
Patient SS#/ID# _____
DOB (MM/DD/YYYY) _____ Sex _____
Address _____
Phone _____

Collection Date _____ Collection Time _____

Source (REQUIRED)

- Cervical Cervical/Endocervical Vaginal Penile
 Urethral Urine Rectal Anogenital Throat

BILLING

IF NO BILLING INFORMATION IS PROVIDED, AND NO BOX IS CHECKED YOUR ACCOUNT WILL BE BILLED.

- PHYSICIAN / ACCOUNT
 PATIENT / INSURANCE
(Insurance Information Attached)
 BCCP, MEDIT ID # _____
 MEDICARE # _____

Physician Notice

Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. Medicare Patients: The Advance Beneficiary Notice, if required, must be completed, signed by the patient and attached.

Clinical History (REQUIRED FOR PAP)

Last Menstrual Period _____
 Pregnant _____ wks Postpartum _____ wks
 Hysterectomy Hysterectomy; Supracervical
 Postmenopausal PMP Bleeding
 DES Exposure HRT
Birth Control: Oral IUD Other _____

Previous Pap History (REQUIRED)

Date of Last Pap _____
 Abnormal
Previous Biopsy Date _____
Results _____
 HPV High Risk/Previous Positive Test
Treatment _____

GYN Cytology Testing

Dx _____ ThinPrep® with Imaging - Aptima® High Risk (HR) HPV (mRNA)
Pap tests are subject to an additional charge if a review is performed by a pathologist

		Genotyping	
<input type="checkbox"/> 24251	ThinPrep® Pap w/ Reflex to HPV High-Risk if ASC-US		
<input type="checkbox"/> 24252	ThinPrep® Pap w/ Reflex to HPV High-Risk if ASC-US, CT/NG	<input type="checkbox"/> 24253	ThinPrep® Pap/HPV High-Risk Co-Test w/ Reflex to HPV Genotyping 16 18/45
<input type="checkbox"/> 24255	ThinPrep® Pap w/ Reflex to HPV High-Risk if ASC-US, CT/NG/TV	<input type="checkbox"/> 24256	ThinPrep® Pap/HPV High-Risk Co-Test w/ Reflex to HPV Genotyping 16 18/45, CT/NG
<input type="checkbox"/> 24254	ThinPrep® Pap/HPV High-Risk Co-Test (ages 30-65)	<input type="checkbox"/> 24257	ThinPrep® Pap/HPV High-Risk Co-Test w/ Reflex to HPV Genotyping 16 18/45, CT/NG/TV
<input type="checkbox"/> 24250	ThinPrep® Pap Only	<input type="checkbox"/> 36258	HPV Genotyping 16 18/45 Only

Dx _____ Molecular Testing

<input type="checkbox"/> 36370	Chlamydia trachomatis & Neisseria gonorrhoeae (CT/NG)	<input type="checkbox"/> 36372	Bacterial vaginosis (BV) (Aptima® (orange) Multitest Swab Only)
<input type="checkbox"/> 36371	Candida vaginosis & Trichomonas vaginalis (CV/TV)	<input type="checkbox"/> 36041	Trichomonas vaginalis (TV)
<input type="checkbox"/> 36374	Herpes Simplex Virus (HSV 1 & 2)	<input type="checkbox"/> 36373	Mycoplasma genitalium (M. gen)
<input type="checkbox"/> 35374	Chlamydia trachomatis, Neisseria gonorrhoeae & Trichomonas vaginalis (CT/NG/TV)		

Dx _____ Molecular Panels

<input type="checkbox"/> 35124	Vaginitis	<input type="checkbox"/> 35126	Vaginitis+ with M. gen
	Bacterial vaginosis (BV) Candida vaginosis & Trichomonas vaginalis (CV/TV)		Bacterial vaginosis (BV) Candida vaginosis & Trichomonas vaginalis (CV/TV), Chlamydia trachomatis & Neisseria gonorrhoeae (CT/NG) Mycoplasma genitalium (M. gen)
<input type="checkbox"/> 35125	Vaginitis+	<input type="checkbox"/> 35123	Cervicitis/Urethritis
	Bacterial vaginosis (BV) Candida vaginosis & Trichomonas vaginalis (CV/TV) Chlamydia trachomatis & Neisseria gonorrhoeae (CT/NG)		Chlamydia trachomatis & Neisseria gonorrhoeae (CT/NG) Trichomonas vaginalis (TV) Mycoplasma genitalium (M. gen)