

The Area Above This Line Is For Lab Use Only



20 Northpointe Parkway - Suite 100
Amherst, NY 14228
(716) 250-9235 Fax (716) 250-9242

Date Collected

Ordering Physician / Client

Date Received (Lab Use)

PLEASE PRINT ALL INFORMATION CLEARLY

Patient Name Last First

Authorized Signature

Address

BILLING

Insurance Patient Client

City State Zip

PRIMARY INSURANCE INFORMATION

Insurance Company

D.O.B. Sex Phone

Contract/ID/Policy # Group #

MEDICARE Primary Secondary Regular (Part B) Railroad #

Name of Insured

MEDICAID #

Employer

All Medicare Patients: Please read the Advance Beneficiary Notice (ABN) on the reverse side of this requisition.

Relationship to Insured Self Spouse Child Other

ICD-9 Code (Mandatory) ICD-9 Code ICD-9 Code ICD-9 Code

SECONDARY INSURANCE INFORMATION

Insurance Company

Supplemental ICD-9 Codes For Reflex HPV Testing

Contract/ID/Policy # Group #

Please label all specimens and provide patient's clinical history. This information is a requirement of the NY State Dept. of Health.

Name of Insured

COPY OF REPORT TO: (FAX NUMBER(S) MUST BE PROVIDED)

NAME FAX #

Relationship to Insured Self Spouse Child Other

COMMENTS:

GYN CYTOLOGY (PLEASE CHECK ALL THAT APPLY)

LMP SOURCE Cervical Endocervical Vaginal Ectocervical Post Menopausal IUD Abnormal GYN Exam Biopsy w/ Pap Total Hysterectomy Pregnant Abnormal Bleeding Clinical High Risk Sub-Total Hysterectomy Post Partum Previous GYN Malignancy Implanon Hormone Therapy DES: Suspect Present Malignancy Depo Provera Birth Control Pills Vaginitis/Cervicitis Radiation or Chemotherapy

Conventional Pap ThinPrep Pap SurePath Pap ThinPrep Pap With High Risk HPV ThinPrep Pap With Reflex High Risk HPV SurePath Pap With High Risk HPV SurePath Pap With Reflex High Risk HPV

Chlamydia Gonorrhoeae Vaginitis Panel (Candida, Gardnerella & Trichomonas) ADDITIONAL TESTS:

High Risk HPV ordered from a Digene hc2 Collection Device (Cervical Sampler) This Area For Lab Use Only 88141 88164 Unsatisfactory 88142 88175