



PATHOLOGY & CYTOLOGY LABORATORIES
CHIPPS, CAFFREY & DUBILIER, P.S.C.

290 BIG RUN ROAD
 LEXINGTON, KY 40503-2903
 (859) 278-9513
 WATS 1-800-264-0514
 FAX 1-859-277-6063

ACCESSION NUMBER

USE ADDRESSOGRAM STAMP HERE

BILLING INFORMATION (MUST BE CHECKED)

- ACCOUNT
- PATIENT
- INSURANCE
- IN-PT. OUT-PT.
- _____

PATIENT INFORMATION (PLEASE PRINT)

PATIENT NAME: LAST _____ FIRST _____ MI _____ CLIENT REF # _____

SEX M F DATE OF BIRTH _____ DATE COLLECTED _____ REQUESTING PHYSICIAN (REQUIRED) _____

ADDITIONAL COPY OF REPORT TO: (ADDRESS REQUIRED) _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY NO. REQUIRED

PLEASE COMPLETE BILLING & INSURANCE INFORMATION - ATTACH COPY OF INS. CARD OR DEMOGRAPHICS SHEET

ADDRESS REQUIRED FOR ALL PATIENTS

BC/BS BGFH HUMANA AETNA UHC KY UHC OTHER

POLICY ID# _____

ADDRESS (INCLUDE APT #) _____ APT. # _____ GROUP _____ INSURANCE NAME _____

CITY _____ STATE _____ ZIP code _____ INS. ADDRESS _____

TELEPHONE NO. HOME _____ TELEPHONE NO. WORK _____ CITY/STATE _____ ZIP _____

RESPONSIBLE PARTY/POLICYHOLDER (IF OTHER THAN PATIENT) _____

MEDICARE ID# ABN REQUIRED

ADDRESS (INCLUDE APT #) _____

MEDICAID ID#

MCO ID#

CITY _____ STATE _____ ZIP CODE _____

REQUIRED CERVICO VAGINAL CYTOLOGY INFORMATION

Medicare ABN Required for Routine Pap Smears and/or HPV Testing, Pap and HPV Cotesting Recommended on Women Ages (30-64)

SOURCE:	REQUEST	PAP TEST	ANCILLARY TESTS	DX CODES FOR ANCILLARY TESTS	LMP
<input type="checkbox"/> VAGINAL <input type="checkbox"/> CERVICAL <input type="checkbox"/> ENDOCX <input type="checkbox"/> VAG CUFF	<input type="checkbox"/> ROUTINE (ABN) <input type="checkbox"/> DIAGNOSTIC (ICD-10) <input type="checkbox"/> HX ABN PAP <input type="checkbox"/> HX GYN CA	<input type="checkbox"/> THIN PREP WITH HPV IF ASCUS <input type="checkbox"/> THIN PREP WITH HPV REGARDLESS <input type="checkbox"/> THIN PREP ONLY <input type="checkbox"/> HPV ONLY	<input type="checkbox"/> CHLAMYDIA <input type="checkbox"/> N. GONORRHOEAE <input type="checkbox"/> HERPES	<input type="checkbox"/> DISCHARGE N98.8 <input type="checkbox"/> PELVIC PAIN R10.2 <input type="checkbox"/> VAGINITIS	_____ HIGH RISK FOR CERVICAL CANCER? <input type="checkbox"/> YES <input type="checkbox"/> NO COMMENTS: (SPECIFY HX AND ICD-10 CODES)

CHECK ALL APPLICABLE BOXES

PHYSIOLOGIC STATE	MEDICAL THERAPY	SURGICAL HISTORY	POSITIVE CLINICAL FINDINGS
<input type="checkbox"/> PREGNANT Z34.80 <input type="checkbox"/> POST PARTUM Z39.2 <input type="checkbox"/> MENOPAUSAL N95.1 <input type="checkbox"/> POSTMENOP. BLD N95.0 <input type="checkbox"/> POSTMENOPAUSAL N95.9	<input type="checkbox"/> ESTROGENS Z09 <input type="checkbox"/> BC "PILL" Z30.41 <input type="checkbox"/> DEPO Z30.019 <input type="checkbox"/> IUD Z30.431 <input type="checkbox"/> RADIATION Z08 <input type="checkbox"/> CHEMO Z08	<input type="checkbox"/> T. HYSTERECTOMY <input type="checkbox"/> P. HYSTERECTOMY <input type="checkbox"/> T. OOPHORECTOMY <input type="checkbox"/> CONE <input type="checkbox"/> LAP SUPRA CX HYST	<input type="checkbox"/> ABN BLEEDING N93.9 <input type="checkbox"/> CERVICITIS N72 <input type="checkbox"/> HPV B97.7 <input type="checkbox"/> ATROPHIC VAGINITIS N95.2 <input type="checkbox"/> POLYP N84.1 <input type="checkbox"/> EROSION N86

DATE/PREV PAP _____
 READ BY PCL
 OTHER (WHO?) _____

DATE PREV BX _____
 READ BY PCL
 OTHER (WHO?) _____

MOLECULAR TESTING – TESTS PERFORMED OUT OF THINPREP VIAL

TESTS CAN BE ORDERED INDIVIDUALLY OR AS PANELS:

- 60060 Vaginitis Panel**
 - 97481 Candida albicans
 - 97486 Trichomonas vaginalis
 - 97485 Gardnerella vaginalis
- 60134 Bacterial Vaginosis Panel 1**
 - 97487 Atopobium vaginae
 - 97497 BVAB2
 - 97494 Megasphaera 1
- 60135 Bacterial Vaginosis Panel 2**
 - 97485 Gardnerella vaginalis
 - 97487 Atopobium vaginae
 - 97489 Mobiluncus curtisii
 - 97492 Mycoplasma hominis
 - 97493 Ureaplasma urealyticum
- 60121 Leukorrhea Panel**
 - 87491 Chlamydia trachomatis
 - 87591 Neisseria gonorrhoeae
 - 97486 Trichomonas vaginalis
- 60560 Candida Vaginitis Panel**
 - 97481 Candida albicans
 - 97482 Candida glabrata
 - 97484 Candida tropicalis
 - 97483 Candida parapsilosis
- Other Organisms**
 - 97488 Bacteroides fragilis
 - 999991 Herpes Simplex Virus (HSV-1 & HSV-2)
 - 97491 Mycoplasma genitalium
 - 97490 Mobiluncus mulieris
 - 97496 Eggerthella-like bacteria
 - 97495 Megasphaera 2

ICD-10 Code(s) REQUIRED: _____

Tests Requiring "GBS by UniPath" Swab

- 97498 Group B Strep (GBS)
(Separate Rectal/Vaginal swab provided)
- 97499 Group B Strep Antibiotic Susceptibility

Copy GBS to: _____

Biopsy Submission

Clinical History (please list ICD-10 codes): _____

List all tissues submitted: _____

- BIOPSY ECC
- CONE
- EMB
- ECTOCX

88300	88305	88311	88329	88341	88360	88112	88333	Specimen Preparations
88302	88307	88312	88331	88342	10021	88172	88334	<input type="checkbox"/> Thin Prep <input type="checkbox"/> Cell Block
88304	88309	88313	88332	88344	88104	88173	88499	<input type="checkbox"/> Cytospin <input type="checkbox"/> Smears <input type="checkbox"/> Other