PATHOLOGY & CYTOLOGY LABORATORIES, INC.
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)

SOCIAL SECURITY NO. REQUIRED

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

BILLING INFORMATION

PLEASE COMPLETE BILLING & INSURANCE INFORMATION - ATTACH COPY OF INS. CARD(S)

ADDRESS REQUIRED FOR ALL PATIENTS

ADDRESS (INCLUDE APT #) | APT. #

CITY | STATE | ZIP code

TELEPHONE NO. HOME | TELEPHONE NO. WORK

RESPONSIBLE PARTY/POLICYHOLDER (IF OTHER THAN PATIENT)

ADDRESS (INCLUDE APT #)

CITY | STATE | ZIP CODE

☐ BC/BS ☐ BGFH ☐ HUMANA ☐ AETNA ☐ UHC KY ☐ UHC OTHER

POLICY ID#

GROUP | INSURANCE NAME

INS. ADDRESS

CITY/STATE | ZIP

☐ MEDICARE ID#
ABN REQUIRED

☐ MEDICAID ID#
☐ PASSPORT ID#

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:
☐ VAGINAL
☐ CERVICAL
☐ ENDOCX
☐ VAG CUFF

REQUEST
☐ ROUTINE (ABN)
☐ DIAGNOSTIC (ICD-9)
☐ HX ABN PAP
☐ HX GYN CA

PAP TEST
☐ THIN PREP WITH HPV IF ASCUS
☐ THIN PREP WITH HPV REGARDLESS
☐ THIN PREP ONLY
☐ HPV ONLY

ANCILLARY TESTS
☐ CHLAMYDIA
☐ GC
☐ HERPES
☐ VAGINOSIS PANEL
☐ CERVICAL DNA DTEX (WAIVER)

DX CODES FOR ANCILLARY TESTS
☐ DISCHARGE 623.5
☐ PELVIC PAIN 625.9
☐ VAGINITIS 616.10

LMP _____

HIGH RISK FOR CERVICAL CANCER ☐ YES ☐ NO

COMMENTS: (SPECIFY OTHER HX AND ICD - 9 CODES):

_____
_____
_____

CHECK ALL APPLICABLE BOXES

PHYSIOLOGIC STATE	MEDICAL THERAPY	SURGICAL HISTORY	POSITIVE CLINICAL FINDINGS:	
☐ PREGNANT V22.1	☐ ESTROGENS V67.59	☐ T. HYSTERECTOMY	☐ ABN BLEEDING 626.6	☐ EROSION 622.0
☐ POST PARTUM V24.2	☐ BC "PILL" V25.41	☐ P. HYSTERECTOMY	☐ CERVICITIS 616.0	
☐ MENOPAUSAL 627.2	☐ DEPO	☐ T. OOPHORECTOMY	☐ HPV 079.4	
☐ POST MENOP. BLD 627.1	☐ IUD V25.42	☐ CONE	☐ ATROPHIC VAGINITIS 627.3	
☐ POST MENOPAUSAL 627.9	☐ RADIATION V67.1	☐ LAP SUPRA CX HYST	☐ POLYP 622.7	
	☐ CHEMO V67.2			

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

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

NON-GYNECOLOGIC CYTOLOGY INFORMATION REQUIRED

CLINICAL HISTORY _____

CLINICAL DIAGNOSIS/ICD-9 CODES _____

FNA ☐ SOLID MASS ☐ CYSTIC MASS

☐ BREAST ASP
☐ PAROTID/SALIVARY
☐ LYMPH NODE
☐ THYROID
☐ _____ ☐ _____

SPECIMEN TYPE-PLEASE MARK APPROPRIATE BLOCK(S)

☐ SPUTUM	☐ CATH URINE	☐ PERICARDIAL	☐ PELVIC WASH	☐ NIPPLE SMEAR	☐ OTHER (LIST)	
☐ P.B. SPUTUM	☐ VOIDED URINE	☐ PERITONEAL	☐ CSF	☐ VULVA/LABIA		
☐ BRONCH WASH	☐ BLADDER WASH	☐ PLEURAL	☐ BREAST CYST	☐ OVARY		
☐ BRONCH BRUSH	☐	☐ ABDOMEN	DRAINAGE	☐ TZANCK SMEAR		

ANATOMIC LOCATION (CHECK ALL APPLICABLE BOXES)

☐ RIGHT ☐ UPPER LOBE ☐ LOWER LOBE _____
☐ LEFT ☐ MIDDLE LOBE ☐ _____ _____

NO. OF SPECIMENS SUBMITTED ON REQUISITION: _____

SPECIMEN (FLUID) VOLUME: _____

WAS A TISSUE SAMPLE TAKEN AT THIS TIME? ☐ YES ☐ NO

COMMENTS

FOR CYTOLOGY USE ONLY

☐ 88104 NG11	☐ 88107 NG14	☐ 88110 NG23	☐ 88162 NG>5SL	☐ 88165 FNA3	☐ 88312	SPECIMEN PREPARATIONS ☐ SMEARS
☐ 88105 NG12	☐ 88108 NG21	☐ 88111 NG24	☐ 88163 FNA1	☐ 88170 FNAASP	☐ 88313	☐ THIN PREP ☐ CELL BLOCK
☐ 88106 NG13	☐ 88109 NG22	☐ 88161 NG5SL	☐ 88164 FNA2	☐ 88173 FNAINT	☐ _____	☐ CYTOSPIN ☐ OTHER

PCL COPY

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☐ BRONCH BRUSH	☐	☐ ABDOMEN		☐ TZANCK SMEAR		_____

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CLIENT COPY