Send ZREQFRT/12

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

BILLING INFORMATION (MUST BE CHECKED)
- ☐ ACCOUNT
- ☐ PATIENT
- ☐ INSURANCE
- ☐ IN-PT. ☐ OUT-PT.
- ☐ _____

USE ADDRESSOGRAM STAMP HERE

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

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

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#
☐ MCO 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-10)
  - ☐ HX ABN PAP
  - ☐ HX GYN CA

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

ANCILLARY TESTS
- ☐ CHLAMYDIA/GONORRHOEAE
- ☐ HERPES

DX CODES FOR ANCILLARY TESTS
- ☐ DISCHARGE N89.8
- ☐ PELVIC PAIN R10.2
- ☐ VAGINITIS

LMP _____
HIGH RISK FOR CERVICAL CANCER? ☐ YES ☐ NO

COMMENTS: (SPECIFY HX AND ICD-10 CODES)

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

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

CHECK ALL APPLICABLE BOXES

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

MOLECULAR TESTING ---TESTS PERFORMED VIA APTIMA SWAB AND/OR THINPREP VIAL

ICD-10 Code(s) REQUIRED: _____

APTIMA SWAB

☐ **LEUKORRHEA PANEL**
- CHLAMYDIA TRACHOMATIS/NEISSERIA GONORRHOEAE
- TRICHOMONAS VAGINALIS

☐ **BACTERIAL VAGINOSIS PANEL**
- ATOPOBIUM VAGINAE
- GARDNERELLA VAGINALIS
- LACTOBACILLUS SPECIES

☐ **CANDIDA/TRICHOMONAS PANEL**
- CANDIDA GLABRATA
- CANDIDA ALBICANS
- CANDIDA TROPICALIS
- CANDIDA PARAPSILOSIS
- TRICHOMONAS VAGINALIS

(ALBICANS, TROPICALIS, PARAPSILOSIS – ONE RESULT)

☐ **TRICHOMONAS**
- TRICHOMONAS VAGINALIS

THIN PREP VIAL

ALL TESTS BELOW CAN BE ORDERED AS A PANEL OR INDIVIDUALLY

LEUKORRHEA PANEL (PERFORMED AT PCL)
- ☐ CHLAMYDIA TRACHOMATIS/NEISSERIA GONORRHOEAE
- ☐ TRICHOMONAS VAGINALIS

ORGANISMS LISTED BELOW PERFORMED AT OUTSIDE REFERENCE LAB

BACTERIAL VAGINOSIS PANEL
- ☐ ATOPOBIUM VAGINAE
- ☐ BVAB2
- ☐ MEGASPHAERA 1
- ☐ MOBILUNCUS CURTISII
- ☐ MYCOPLASMA HOMINIS
- ☐ UREAPLASMA UREALYTICUM

OTHER ORGANISMS
- ☐ HSV
- ☐ BACTEROIDES FRAGILIS
- ☐ MYCOPLASMA GENITALIUM
- ☐ MOBILUNCUS MULIERIS
- ☐ EGGERTHELLA-LIKE BACTERIA
- ☐ MEGASPHAERA 2

Biopsy Submission

Clinical History _____
(please list ICD-10 codes):
List all tissues submitted: _____

- ☐ BIOPSY ☐ ECC
- ☐ CONE
- ☐ EMB
- ☐ ECTOCX