(Place Patient Identification Label Here)

LABORATORY SERVICES
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Great Falls, MT 59405
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Benefis HOSPITALS

LAB#

GYN CYTOLOGY REQUISITION

Patient Information	Last	First	MI	DOB	Sex	Social Security #	Chart # Optional
Bill to	Medicare B ☐	Medicaid ☐	Patient Insurance ☐	Patient Self Pay ☐	Patient Phone Number		
Billing Information (patient bill only) (attach complete info)	Patient Address / City / State / Zip						
	Primary Insurance-Name & Address / Co. Name / City / State / Zip						
Insurance/Subscriber ID #	Insurance Group #	Other	Responsible Party/Subscriber Name				
Medicare #	Medicaid Coupon or ID #						

Date Collected _____ **Time Collected** _____ **Ordering Provider Signature** _____

Date Received _____ **Collected by** _____

Source ☐ **Cervical** ☐ **Endocervical** ☐ **Vaginal**

Pertinent Clinical Information

Last Menstrual Period (LMP)_____ **Indicate if** ☐ **Pregnant** ☐ **Postpartum** ☐ **Postmenopausal**

☐ Abnormal bleeding ☐ Hormone therapy ☐ IUD ☐ Birth control pills	☐ Hysterectomy ☐ Depoprovera ☐ History of radiation ☐ Cervical biopsy	☐ History of dysplasia ☐ Previous atypical PAP ☐ History of malignancy (please Specify)_____ ☐ Other (specify)_____
Additional Pertinent Clinical Information		

☐ Medicare Patient ☐ Non-Medicare Patient

Indicate screening Pap, High Risk Screening Pap, or Diagnostic Pap

☐ Screening Pap (Z01.49)
- ☐ Vagina (post-hysterectomy) (Z.1272)
- ☐ High-Risk Pap Screening (no I9 code)
- ☐ Other Sites (Z12.79)
- ☐ Cervix (Z12.4)

☐ Diagnostic Pap

☐ Liquid-based PAP + HPV reflex (ASCUS Only)

☐ Liquid-based PAP + HPV (women over 30)

☐ Liquid-based PAP

☐ Other_____

Special Orders

TEST
HPV
☐ Perform HPV molecular testing on any diagnosis
☐ Perform HPV molecular testing on negative diagnosis
☐ Perform HPV molecular testing on LSIL and HSIL
☐ Perform HPV molecular testing on ASC-H
Chlamydia / Neisseria Gonorrhoea
☐ Chlamydia / Neisseria PCR Combo
☐ Chlamydia PCR Only
☐ Neisseria Gonorrhoea PCR Only
☐ TVRNA - Trichomonas Vaginalis