



Women's Health Requisition

Date Specimen Collected: _____ **Time Specimen Collected:** _____ **STAT** _____

Laboratory Use Only
Accession Number _____ Date Received _____ Time Received _____

Group/Practice Name _____ **Practice Contact Information**
Ordering Physicians _____ Address Line 1 _____ Phone _____
_____ Address Line 2 _____ Fax _____
_____ City, State, Zip _____ Other _____

Patient and Insurance Information
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name _____ Last Name _____ MI _____ DOB _____ Gender _____
Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Race* _____ Ethnicity* _____

Insured's Name _____ Relationship to Patient _____ Social Security # _____
Home Phone _____ Cell Phone _____ DOB _____ Gender _____
Primary Insurance _____ Secondary Insurance _____
Group # _____ ID# _____ Group # _____ ID# _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

Gynecologic Specimen Information

Source: Cervical-Endocervical Cervical-Vaginal Vaginal Other _____ **Specimen Type:** ThinPrep® Conventional Slides/Smears

Patient History

Routine Screen _____ Abnormal Bleeding _____ Total Hysterectomy _____
LMP date _____ Previous Dysplasia _____ Supracervical Hysterectomy _____
Pregnant Post Partum _____ Oral Contraceptives _____ Hormone Replacement _____
Other _____ IUD _____ Radiation Therapy _____

PAP History

Previous PAP (date) _____
Previous DX _____
HPV Immunization Series Yes No
Comments _____

GYN Cytology and Molecular Studies

Thin Prep Pap + HPV	Aptima Swab/Urine	Clinical Urine PCR Studies
Thin Prep Pap + HPV + CT/GC + TV	Chlamydia (CT)/ Gonorrhea (GC)	Urinary Tract Infection & Antibiotic Resistance Panel
Thin Prep Pap + CT/GC + TV	CT/ GC/ Trichomonas (TV)/Mycoplasma genitalium (MG)	*If positive, reflex to Culture & Sensitivity
Thin Prep Pap Test	Herpes Simplex 1 & 2 (swab only)	Traditional Urine Tests
Thin Prep Pap (reflex to HPV when ASCUS)	Bacterial vaginosis (BV) panel (swab only)	Voided Clean Catch Catheterized
HPV High Risk (with genotype, if positive)	BV+ Candidal vaginitis (CV/TV) panel (swab only)	Urinalysis *if positive reflex to UTM panel
Maturation Index	Group B Strep (GBS) (pregnant women) Culture Swab	Microalbumin (β) Beta- hCG Pregnancy Test

Cytopathology - Non-Gynecological

Urine Cytology & FISH Voided Catheterized Bladder Washing Post Cystoscopy Void Renal Wash L R

Fixative: ThinPrep® Alcohol-Fixed _____ **Other Cytology** Cyst Aspiraton _____
Other _____ Anal ThinPrep _____ Fluid _____
Pap stain, hTERT ICC, Urovysion FISH Panel Nipple Discharge L R FNA _____
Pap stain, hTERT ICC, Reflex Urovysion FISH Washing _____ Breast L R _____
Pap stain only Urovysion FISH only Brushing _____ Other _____

Anatomic Pathology

Vaginal BX Endometrial BX Cervical BX
Vulva BX D&C Skin Tag Ulcer
Cervix ECC LEEP Wart

A. _____
B. _____
C. _____
D. _____

ICD-10 Codes

Z01.41 Routine Gyn exam	N20.9 Urinary calculus, unspecified	R30.0 Dysuria	R82.998 Other abnormal findings in urine
A64 Unspecified STD	N30.00 Acute Cystitis w/o hematuria	R50.9 Fever, Unspecified	Z11.3 Screening STD
B37.89 Other Sites of Candidiasis	N39.0 Urinary Tract Infection	R82.71 Bacteriuria	Z87.440 Personal History of UTI
B95.2 Enterococcus	N73.9 Female Pelvic inflammatory disease, PID	R82.79 Other abnormal findings on microbiological examination of urine	Other _____
N20.0 Calculus of kidney	N76.89 Other specified inflammation of vagina/vulva		Other _____
N89.8 Other Specified Noninflammatory disorders of the vagina			

This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.

Signature of Physician or Other Authorized NPI Provider (REQUIRED) _____ Accessioner Initials 1 _____ 2 _____ Tech Initials 1 _____

† STI, Vaginal Microbiota, and UTM Panels

STI Panel

Chlamydia trachomatis
Neisseria gonorrhoeae
Trichomonas vaginalis
Mycoplasma genitalium

Symptomatic STI

Herpes simplex virus 1
Herpes Simplex virus 2

Group B Streptococcus (GBS)

(*Intended for pregnant patients
by culture swab only)

Vaginosis/Vaginitis Panel

Bacterial Vaginosis (BV) with Lactobacilli microbiota

Atopobium vaginae
Gardnerella vaginalis
Lactobacillus crispatus
Lactobacillus gasseri
Lactobacillus iners
Lactobacillus jensenii

Candidal Vaginitis (CV/TV) Panel

Candida albicans
Candida dubliniensis
Candida parapsilosis
Candida tropicalis
Candida glabrata (*seperately noted on report)
Trichomonas vaginalis

Urinary Tract Infections Microbiota (UTI) and Antibiotic Resistance Panel

Gram-negative microbiota

Pseudomonas aeruginosa
Escherichia coli
Klebsiella pneumoniae
Proteus mirabilis
Citrobacter freundii
Providencia stuartii
Klebsiella oxytoca
Enterobacter cloacae
Proteus vulgaris
Enterobacter aerogenes
Acinetobacter baumannii

Gram-positive microbiota

Enterococcus faecalis
Enterococcus faecium
Streptococcus agalactiae
Staphylococcus saprophyticus

Fungal microbiota

Candida albicans

Urinary STI Panel

Chlamydia trachomatis
Neisseria gonorrhoeae
Trichomonas vaginalis
Mycoplasma genitalium