



GenesisLabs
LABORATORY OF CHOICE

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Accession Info (For Genesis Lab Use)

Primarius Pathology

Women's Health Requisition

Date Specimen Collected: _____		Time Specimen Collected: _____		STAT <input type="checkbox"/>
Laboratory Use Only				
Accession Number _____		Date Received _____	Time Received _____	
Practice Name _____ Practice ID _____		Practice Contact Information		
Ordering Physicians <input type="checkbox"/> _____		Address Line 1 _____		Phone _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	Address Line 2 _____		Fax _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	City, State, Zip _____		Other _____

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

First Name _____		Last Name _____		Middle Initial _____	Gender* _____
Address Line 1 _____		Address Line 2 _____		City _____	State _____ Zip _____
DOB _____		Home Phone _____		Cell Phone _____	
Gender Identity* _____		Race* _____	Ethnicity* _____		Sexual Orientation* _____
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

- | | | |
|--|--|---|
| <input type="checkbox"/> Routine Screen | <input type="checkbox"/> Abnormal Bleeding | <input type="checkbox"/> Total Hysterectomy |
| LMP date _____ | <input type="checkbox"/> Previous Dysplasia | <input type="checkbox"/> Supracervical Hysterectomy |
| <input type="checkbox"/> Pregnant <input type="checkbox"/> Post Partum | <input type="checkbox"/> Oral Contraceptives | <input type="checkbox"/> Hormone Replacement |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> IUD | <input type="checkbox"/> Radiation Therapy |

PAP History

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

GYN Cytology and Molecular Studies

- | | | |
|---|---|--|
| <input type="checkbox"/> ThinPrep® Pap + HPV HR** | Aptima® Swab/Urine | Clinical Urine PCR Studies |
| <input type="checkbox"/> ThinPrep® Pap + HPV HR** + CT/GC + TV | <input type="checkbox"/> Chlamydia (CT)/ Gonorrhea (GC) | <input type="checkbox"/> Urinary Tract Infection/Urinary Tract Microbiota |
| <input type="checkbox"/> ThinPrep® Pap + CT/GC + TV | <input type="checkbox"/> CT/ GC/ Trichomonas (TV)/Mycoplasma genitalium (MG) | (UTI/UTM) & Antibiotic Resistance Panel |
| <input type="checkbox"/> ThinPrep® Pap Test | <input type="checkbox"/> Herpes Simplex Virus (HSV) 1 & 2 (swab only) | (If positive, reflex to Culture & Sensitivity) |
| <input type="checkbox"/> ThinPrep® Pap (reflex to HPV HR ** when ASCUS) | <input type="checkbox"/> Bacterial vaginosis (BV) panel (swab only) | Traditional Urine Tests |
| <input type="checkbox"/> HPV HR** (with genotype, if positive) | <input type="checkbox"/> BV+ Candidal vaginitis (CV/TV) panel (swab only) | <input type="checkbox"/> Voided <input type="checkbox"/> Clean Catch <input type="checkbox"/> Catheterized |
| <input type="checkbox"/> Maturation Index | <input type="checkbox"/> Group B Strep (GBS) (pregnant women) Culture Swab | <input type="checkbox"/> Urinalysis (If positive, reflex to UTI/UTM panel) |
| | | <input type="checkbox"/> Microalbumin <input type="checkbox"/> (B) 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 _____
- ☐ Pap stain, CK 17 ICC, Urovysion FISH Panel
- ☐ Pap stain, CK 17 ICC, Reflex Urovysion FISH
- ☐ Pap stain only ☐ Urovysion FISH only
- Other Cytology**
- ☐ Anal ThinPrep®
- ☐ Nipple Discharge ☐ L ☐ R
- ☐ Washing _____
- ☐ Cyst Aspiraton
- ☐ Fluid _____
- ☐ FNA _____
- ☐ Breast ☐ L ☐ R
- ☐ 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

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> A54.9 Gonococcal infection, unspecified | <input type="checkbox"/> N34.2 Other urethritis | <input type="checkbox"/> R30.0 Dysuria | <input type="checkbox"/> R87.619 Unspecified abnormal |
| <input type="checkbox"/> A59.9 Trichomoniasis, unspecified | <input type="checkbox"/> N39.0 Urinary Tract Infection | <input type="checkbox"/> R50.9 Fever, Unspecified | cytological findings in specimens |
| <input type="checkbox"/> A74.9 Chlamydial infection, unspecified | <input type="checkbox"/> N72 Inflammatory disease of cervix uteri | <input type="checkbox"/> R82.71 Bacteriuria | from cervix uteri |
| <input type="checkbox"/> N20.0 Calculus of kidney | <input type="checkbox"/> N73.9 Female Pelvic inflammatory disease, PID | <input type="checkbox"/> R82.998 Other abnormal findings | <input type="checkbox"/> Z01.41 Routine Gyn exam |
| <input type="checkbox"/> N20.9 Urinary calculus, unspecified | <input type="checkbox"/> N76.89 Other specified inflammation of | in urine | <input type="checkbox"/> Z11.3 Screening STD |
| <input type="checkbox"/> N30.00 Acute Cystitis w/o hematuria | vagina/vulva | <input type="checkbox"/> R87.610 Atypical squamous cells | <input type="checkbox"/> Z87.440 Personal History of UTI |
| <input type="checkbox"/> N34.1 Nonspecific urethritis | <input type="checkbox"/> N89.8 Other Specified Noninflammatory | of undetermined significance on | <input type="checkbox"/> Other _____ |
| | disorders of the vagina | cytologic smear of cervix (ASC-US) | |

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) _____ **Date** _____ **Accessioner Initials** 1 _____ 2 _____ **Tech Initials** 1 _____

*Gender, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and the CDC. ICD-10 Codes are listed for information purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient. For specimen pick up please call our Courier Line at 732-508-9154. Revised 8/1/23

STI, Vaginal Microbiota, and UTI/UTM Panels

Sexually Transmitted Infections (STI)

Human Papillomavirus (HPV)
(If positive, reflex to HPV genotype)
HPV Genotype 16, 18/45

STI Panel

Chlamydia trachomatis (CT)
Neisseria gonorrhoeae (GC)
Trichomonas vaginalis (TV)
Mycoplasma genitalium (MG)

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/Urinary
Tract Microbiota (UTI/UTM) 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

**High Risk (HR) HPV if positive includes genotyping 16, 18/45