



Women's Health Requisition

Date Specimen Collected: Laboratory Use Only
Time Specimen Collected: STAT
Accession Number Date Received Time Received
Practice Name Practice ID
Ordering Physicians
Practice Contact Information
Address
City, State, Zip
Phone Fax

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 Cell/Home Phone Email
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

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

ThinPrep Pap + HPV HR\*\*
ThinPrep Pap + HPV HR\*\* + CT/GC + TV
ThinPrep Pap + CT/GC + TV
ThinPrep Pap Test
ThinPrep Pap (reflex to HPV HR \*\* when ASCUS)
HPV HR\*\* (with genotype, if positive)
Maturation Index
Aptima Swab/Urine
Chlamydia (CT)/ Gonorrhoeae (GC)
CT/GC/ Trichomonas (TV)/Mycoplasma genitalium (MG)
Herpes Simplex Virus (HSV) 1 & 2 (swab only)
Bacterial vaginosis (BV) panel (swab only)
BV+ Candidal vaginitis (CV/TV) panel (swab only)
Group B Strep (GBS) (pregnant women) Culture Swab
Clinical Urine PCR Studies
Urinary Tract Infection/Urinary Tract Microbiota
(UTI/UTM) & Antibiotic Resistance Panel
(If positive, reflex to Culture & Sensitivity)
Traditional Urine Tests
Voided Clean Catch Catheterized
Urinalysis (If positive, reflex to UTI/UTM panel)
Microalbumin (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
Other Cytology
Anal ThinPrep
Nipple Discharge L R
Washing
Brushing
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

B95.61 Methicillin susceptible staphylococcus aureus infection
B95.61 Methicillin resistant staphylococcus aureus infection
C67.0 Malignant neoplasm of trigone of bladder
C68.0 Malignant neoplasm of urethra
C69.0 Malignant neoplasm of conjunctiva
N34.1 Nonspecific urethritis
N34.2 Other urethritis
N39.0 Urinary Tract Infection
N72 Inflammatory disease of cervix uteri
N73.9 Female Pelvic inflammatory disease, PID
N76.0 Acute Vaginitis
N76.2 Acute vulvitis
N76.89 Other specified inflammation of vagina/vulva
N89.8 Other Specified Noninflammatory disorders of the vagina
R30.0 Dysuria
R31.0 Gross hematuria
R31.1 Benign essential microscopic hematuria
R50.9 Fever, Unspecified
R82.71 Bacteriuria
R82.998 Other abnormal findings in urine
R87.610 Atypical squamous cells of undetermined significance on cyto logic smear of cervix (ASC-US)
R87.619 Unspecified abnormal cytological findings in specimens from cervix uteri
Z01.41 Routine Gyn exam
Z72.52 High risk homosexual behavior
Z72.53 High risk bisexual behavior
Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
Z85.51 Personal history of malignant neoplasm of bladder
Z85.528 Personal history of malignant neoplasm of kidney, other
Z87.440 Personal History of UTI
R31.29\*\*\* Other microscopic hematuria
Other

\*\*\*If using R31.29 choose one of the C codes if applicable. If there is a history of Cancer please use a Z code.

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

## 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*

## ICD-10 Codes

- A54.9 Gonococcal infection, unspecified
- A59.9 Trichomoniasis, unspecified
- A74.9 Chlamydial infection, unspecified

- N20.0 Calculus of kidney
- N20.9 Urinary calculus, unspecified
- N30.00 Acute Cystitis w/o hematuria

- N76.1 Subacute and chronic vaginitis
- N76.3 Subacute and chronic vulvitis

\***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.**

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

\*\*\*If using R31.29 choose one of the C codes if applicable. If there is a history of Cancer please use a Z code.