



Women's Health Requisition

Date Specimen Collected: _____ **Time Specimen Collected:** _____ **STAT** _____
Laboratory Use Only
Accession Number _____ **Date Received** _____ **Time Received** _____

Practice Name _____ **Practice ID** _____ **Practice Contact Information**
Ordering Physicians _____ **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**	Aptima® Swab/Urine	Clinical Urine PCR Studies
ThinPrep® Pap + HPV HR** + CT/GC + TV	Chlamydia (CT)/ Gonorrhoeae (GC)	Urinary Tract Infection/Urinary Tract Microbiota
ThinPrep® Pap + CT/GC + TV	CT/GC/ Trichomonas (TV)/Mycoplasma genitalium (MG)	(UTI/UTM) & Antibiotic Resistance Panel
ThinPrep® Pap Test	Herpes Simplex Virus (HSV) 1 & 2 (swab only)	(If positive, reflex to Culture & Sensitivity)
ThinPrep® Pap (reflex to HPV HR ** when ASCUS)	Bacterial vaginosis (BV) panel (swab only)	Traditional Urine Tests
HPV HR** (with genotype, if positive)	BV+ Candidal vaginitis (CV/TV) panel (swab only)	Voided Clean Catch Catheterized
Maturation Index	Group B Strep (GBS) (pregnant women) Culture Swab	Urinalysis (If positive, reflex to UTI/UTM panel)
		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 _____
Other Cytology
 Pap stain, CK 17 ICC, Urovysion FISH Panel
 Pap stain, CK 17 ICC, Reflex Urovysion FISH
 Pap stain only Urovysion FISH only
 Anal ThinPrep®
 Nipple Discharge L R
 Washing _____
 Brushing _____
 Cyst Aspiration
 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	N73.9 Female Pelvic inflammatory disease, PID	R82.71 Bacteriuria	Z11.3 Encounter for screening for infections with a predominantly sexual mode of transmission
B95.61 Methicillin resistant staphylococcus aureus infection	N76.0 Acute Vaginitis	R82.998 Other abnormal findings in urine	Z85.51 Personal history of malignant neoplasm of bladder
C67.0 Malignant neoplasm of trigone of bladder	N76.2 Acute vulvitis	R87.610 Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US)	Z85.528 Personal history of malignant neoplasm of kidney, other
C68.0 Malignant neoplasm of urethra	N76.89 Other specified inflammation of vagina/vulva	R87.619 Unspecified abnormal cytological findings in specimens from cervix uteri	Z87.440 Personal History of UTI
C69.0 Malignant neoplasm of conjunctiva	N89.8 Other Specified Noninflammatory disorders of the vagina	Z01.41 Routine Gyn exam	R31.29*** Other microscopic hematuria
N34.1 Nonspecific urethritis	R30.0 Dysuria	Z72.52 High risk homosexual behavior	Other _____
N34.2 Other urethritis	R31.0 Gross hematuria	Z72.53 High risk bisexual behavior	
N39.0 Urinary Tract Infection	R31.1 Benign essential microscopic hematuria		
N72 Inflammatory disease of cervix uteri	R50.9 Fever, Unspecified		

***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 (separately 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, Cell/Home Phone, 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.