PLEASE COMPLETE FOR CYTOLGY REQUESTS

<table>
<thead>
<tr>
<th>Pap Test (LAB5)</th>
<th>Non-gynecological (LAB13)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Test Order (check 1 or more boxes)</strong></td>
<td><strong>Indications</strong></td>
</tr>
<tr>
<td>□ Thinprep pap test</td>
<td>□ Routine Screening</td>
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<tr>
<td>□ HPV regardless of results</td>
<td>□ High Risk Screening</td>
</tr>
<tr>
<td>□ HPV if ASCUS interpretation only</td>
<td>□ Diagnostic pap</td>
</tr>
<tr>
<td>□ HPV on negative pap only and patient over 30 years old</td>
<td>Patient signed ABN/waiver</td>
</tr>
<tr>
<td>□ HPV if negative pap on patient over 30 years or ASCUS interpretation</td>
<td>Yes  □ No</td>
</tr>
<tr>
<td>□ HPV if ASCUS or AGC interpretation</td>
<td></td>
</tr>
<tr>
<td>□ HPV if atypical glandular cells (AGC) interpretation only</td>
<td></td>
</tr>
<tr>
<td>□ HPV if negative pap on patient over 30 years or AGC interpretation</td>
<td></td>
</tr>
<tr>
<td>□ HPV if negative pap on patient over 30 years or interpretation is ASCUS or AGC</td>
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</tr>
</tbody>
</table>

**Molecular Testing from ThinPrep**
- □ STI panel (rRNA amplification)
- □ N. gonorrhoeae
- □ Chlamydia trachomatis
- □ Trichomonas vaginalis

**Specimen Source**
- □ Endocervical
- □ Endocervical
- □ Vaginal

**Menstrual History**
- LMP
- □ Pregnant _______ wks
- □ Post Partum _______ wks
- □ Post Menopausal _______ yrs
- □ Hysterectomy

**Hormonal History**
- □ Hormone Replacement Therapy
- □ Depo Provera
- □ BCP
- □ Norplant
- □ IUD
- □ Hormone Therapy
- □ DES exposure

**Prior Treatment**
- Last Pap Dated _______
- □ Normal  □ Abnormal pap
- Treatment:
  - □ Cryo/Lazer
  - □ Conization
  - □ Colposcopy/Biopsy Results

**Patient Complaints/Clinical History**

Please sign and indicate ICD9 Code:

Signature:

ICD9 Code