**GYN CYTOMETRY SPECIMENS**

Must Check:
- Gyn Pap-Thin Prep® Screen
- Conventional Pap* Screen

One:
- Gyn Pap-Thin Prep® Diagnostic
- Conventional Pap* Diagnostic

Source:
- Cervical
- Endocervical
- Vaginal

Collection Date: ______________________

Mark Box if:
- Pregnant
- Postpartum
- Postmenopausal
- Total Hysterectomy
- Supracervical Hysterectomy
- Abnormal bleeding
- Oral contraceptive
- Hormonal therapy
- Previous abnormal pap smear, year: __________
- History of Cancer, type: _______________________________________
- History of Reactions:
  - Radiation
  - Chemotherapy

HPV Testing:
- If ASC-US, AGC, perform High Risk HPV Typing
- Perform High Risk HPV Typing

**CLINICAL HISTORY / PHYSICAL FINDINGS**

**SURGICAL PATHOLOGY SPECIMENS**

**OTHER CYTOTLOGY**

- Voided Urine
- Bladder Wash
- Catherized Urine
- Nipple Discharge
- Breast Aspirate
- Sputum
- Other

**MICROBIOLOGY TESTING**

- Swab for Chlamydia/GC PCR (CGS) COBA-SW
- Urine for Chlamydia/GC PCR (CGU) COBA-URN
- ThinPrep for Chlamydia/GC PCR (CGT) THINPREP
- Herpes Culture (HSV), M4RT
- Group B Strep Screen (Vag/Rec), (SBSC) E-Swab
- Vaginitis DNA Probes (VNAP), BD Affirm

**LAB USE ONLY**

**Pathology / Cytology**

**Physician / Practitioner's Signature**

Notification to Physicians and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will be Sought.

Medicare does not pay for all health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not order it. Medicare will deny payment for a Screening Pap Test if the patient has had one during the last two (2) years.

**Copy of Patient Insurance Info. Attached**

Medicare/caid # ___________________________________________________________________

Other Insurance # _________________________________________________________________

**Pathology Accession No.**

**MRN:** _____________________________ **ACCT. NO.** __________________