MAWD
MAWD PATHOLOGY GROUP

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Women's Health Requisition

ACCOUNT INFORMATION

PATIENT - LAST NAME	FIRST NAME	DATE OF SERVICE
SOCIAL SECURITY #	D.O.B.	GENDER
HOME ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY PHONE	CELL PHONE	
REQUESTING PHYSICIAN	REFERRING PHYSICIAN	FAX #

INSURANCE

INSURANCE NAME & ADDRESS
(Please provide a copy of the insurance card)

POLICY ID #	GROUP EMPLOYER
INSURED'S NAME	
RELATIONSHIP TO PATIENT	MEDICARE #
SECONDARY INSURANCE INFORMATION	☐ SELF PAY PATIENT

ICD-10 CODE

PLEASE INDICATE ICD-10 CODE (REQUIRED)

1.	2.	3.	4.

ICD-10 Codes are the accepted method of describing the clinical picture of the patient. Most third party payers require an ICD-10 Code to indicate the medical necessity of the test(s) and/or profiles ordered.

CLINICAL HISTORY

- ☐ Discharge
- ☐ High Risk Sexual Behavior
- ☐ Hysterectomy (Cervix NOT Removed)
- ☐ Hysterectomy (Cervix Removed)
- ☐ Postmenopausal
- ☐ # Weeks Postpartum: ____________
- ☐ # Weeks Pregnant: ____________
- ☐ Menopause Start Date: ____________
- ☐ **Date of LMP:** ____________
- ☐ Previous Pap Results & Date: ____________
- ☐ Previous Biopsy Result & Date: ____________
- ☐ Other: ____________

CLINICAL IMPRESSION: ____________

CERVICAL CANCER SCREENING GYN CYTOLOGY & HPV

CYTOLOGY SPECIMEN SOURCE

- ☐ Cervical/ Endocervical
- ☐ Vaginal
- ☐ Other: ____________

CYTOLOGY COLLECTION TECHNIQUE

ACOG RECOMMENDATIONS

- ☐ <21: Pap Test Only
- ☐ 21-25: Pap Test + CTNG + ASCUS Reflex to HPV
- ☐ 26-29: Pap Test + ASCUS Reflex to HPV
- ☐ 30-64: Pap Test + HPV w 16/18 genotyping if HPV Positive
- ☐ >64: Pap Test Only

OR ORDER PAP & HPV BY SPECIFIC REQUEST

GYN Cytology Pap Test

- ☐ ThinPrep Liquid-Based Pap Test
- ☐ SurePath Liquid-Based Pap Test

HPV Testing

- ☐ High-Risk HPV regardless of Pap Result
- ☐ High-Risk HPV on ASC-US Reflex
- ☐ HPV 16/18 Genotype Reflex

(If High-Risk HPV is positive)

MOLECULAR TESTING

MOLECULAR SPECIMEN SOURCE

MOLECULAR PANELS

FROM PAP

- ☐ Chlamydia/Gonorrhea (CT/NG)
- ☐ Chlamydia (CT)
- ☐ Gonorrhea (NG)

FROM SWAB - BD MAX

- ☐ Vaginosis Panel
  - Includes Bacterial Vaginosis, Candida, Trichomonas (Comprehensive 13 pathogen panel)
- ☐ STD Panel
  - Includes Chlamydia, Gonorrhea, Trichomonas, HSV (Herpes) I and II
- ☐ Chlamydia (CT)
- ☐ Gonorrhea (NG)
- ☐ Trichomonas (TV)
- ☐ Herpes (HSV) I & II

FROM URINE

- ☐ Chlamydia, Gonorrhea, Trichomonas (Female patient)
- ☐ Chlamydia, Gonorrhea (Male Patient)

FROM SWAB - eSWAB

- ☐ Group B Streptococcus by PCR
  - ☐ Susceptibility Testing Reflex

(If positive, on penicillin allergic patient)

TISSUE PATHOLOGY

TISSUE PATHOLOGY SPECIMEN SOURCE

- ☐ Cervical Punch Biopsy
- ☐ Conventional E.C.C.
- ☐ L.E.E.P. / Cone Biopsy
- ☐ Vulva Biopsy
  - ☐ Solitary Lesion
  - ☐ Pigmented Lesion
  - ☐ Rash
- ☐ Cervical SoftBiopsy*
- ☐ Soft-ECC*
- ☐ Vaginal Biopsy
- ☐ Endometrial Biopsy
- ☐ Other: ____________

LABEL SPECIMEN LOCATION*

- ☐ Specimen A: ____________
- ☐ Specimen B: ____________
- ☐ Specimen C: ____________
- ☐ Specimen D: ____________

*Please write specimen source to each specimen location & also to each specimen container label.

GENERAL CYTOLOGY

GENERAL CYTOLOGY:

- ☐ Specimen Site: ____________

SPECIMEN TYPE:

- ☐ Bladder Washing
- ☐ Fine Needle Aspirate (FNA)
- ☐ Nipple Discharge
- ☐ Urine:
  - ☐ Catheter
  - ☐ Voided
- ☐ Other: ____________