MAWD PATHOLOGY GROUP

CYTO / TISSUE REQUISITION

9705 LENEXA DR, LENEXA, KS 66215
PH: (913) 396-8509 / (800) 933-6293 Fax: (913) 495-9759

CLIENT NAME AND ADDRESS	PATIENT NAME (LAST) (FIRST) (MI)	SEX	DOB
	COLLECTION DATE	PATIENT NUMBER	PATIENT SSN

ORDERING PHYSICIAN

COPY REPORT TO:

CC REPORT TO

ADDRESS

CITY STATE ZIP

RESPONSIBLE PARTY & INSURANCE (MAY ATTACH COPIES OF INSURANCE CARDS OR PATIENT DEMOGRAPHIC SHEET)

BILL TO ❑ PATIENT (SELF) ❑ INSURANCE

PT RELATIONSHIP TO INSURED ☐ SELF ☐ SPOUSE ☐ CHILD ☐ OTHER

NAME OF INSURED (IF NOT SELF) INSURED'S SSN:

ADDRESS CITY STATE ZIP

PHONE NUMBER HOME WORK

❑ See Attached:

Attach All Copies of Insurance

GYNECOLOGIC CYTOLOGY / MOLECULAR TESTS

GYN/CYTOLOGY SOURCE LMP ____/____/____

- ❑ Cervical / Endocervical / Vaginal
- ❑ Vaginal
- ❑ Other _____

CHECK ALL THAT APPLY:

- ❑ ThinPrep Pap Test (ICD10: _____) (Submit white top vial)
- ❑ SurePath Pap Test (ICD10:_____) (Submit blue top vial)

HPV High Risk DNA Testing (Choose one):

- ❑ SCREENING-Regardless of Pap Result (ICD10:_____)
- ❑ ASCUS REFLEX Testing Only
- ❑ 16/18 Genotype if HPV Positive

- ❑ Gonorrhea / Chlamydia by PCR (ICD10: _____)
- ❑ Chlamydia Only
- ❑ Gonorrhea Only

CTNG SOURCE: ❑ From Pap vial ❑ From Swab

FOR COMPLETE EVALUATION CHECK ALL THAT APPLY

- ❑ Normal Exam *No prior abnormal Pap*
- ❑ Hysterectomy
- ❑ Last Pap _____

Pregnant (Choose One)

- ❑ First Pregnancy
- ❑ Pregnancy Other than First

- ❑ Post Partum
- ❑ Oral Contraceptives
- ❑ IUD Implant

ADDITIONAL COMMENTS:

- ❑ Hormone Therapy
- ❑ Post-Menopausal
- ❑ Pelvic Radiation
- ❑ No Pap w/in 7 years
- ❑ Post-Menopausal Bleeding
- ❑ Postcoital Bleeding
- ❑ Abnormal Pap / BX w/in 3 years *(ASCUS, AGUS, or above)*
- ❑ Gyn Malignancy: Hx / Rx
- ❑ Abnormal Gyn Exam *(e.g. HPV, Cervical lesion)*
- ❑ Previous Positive HPV
- ❑ Smoker

PATHOLOGY

SPECIMEN NUMBER	ANATOMIC SITE	CLINICAL DIAGNOSIS / ICD10	MARGINS REQUESTED CHECK BOX IF DESIRED	SPECIMEN TYPE
A			❑	❑ Punch ❑ Excision ❑ Shave ❑ Curettage
B			❑	❑ Punch ❑ Excision ❑ Shave ❑ Curettage
C			❑	❑ Punch ❑ Excision ❑ Shave ❑ Curettage

MWD05