Physician Signature

PA 009 new 12/12

SMA Medical Laboratories

	IOII Free	e: (877) 697-6252 • Fax: (8	88) 322-9524	GYN PATHOLOGY
SMA 9//		ylvania Blvd., Unit B, Feaste ange Place, Suite 701, New Y		
SIVIA	2944 SW 26	Sth Terrace, Suite 502, Dania e: (954) 306-3667 • Fax: (954	Beach, FL 33312	
U	DATIENT IN	FORMATION		
_ast Name	PATIENT INFORMATION t Name First Name		M.I.	
Street Address	Apt#	City Sta	ate ZIP	-
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Phone	SSN	D.O.B.	M F	
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nsurance Name		I.D. #	Group#	
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Data Callantad		NFORMATION		
Date Collected:/	/ Time Colle		STAT	
Fasting: Yes No	Fax result	s to.		
CD9 CODES				
			ests medically necessar	y for the diagnosis and treatment of the patient.
GYNECOL	LOGIC HISTOLOG	· ·	CDECIMEN 6	GYN CTYLOGY
A. Endocervical Currettin	ng - ECC	12 11 1	SPECIMEN S	BOURCE
			☐ Cervix/End	locervix
B. Endometrial Biopsy - I			☐ Cervix/End	, v
		2	TEST SUBM	, v
C. Cervical Biopsy	EMB ·		TEST SUBMI ☐ Pap Test — ☐ DNA Pap (TTTED Liquid Based □ Thin Prep™ □ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs.
C. Cervical Biopsy D. Cervical Cone	EMB 10	2	TEST SUBM ☐ Pap Test — ☐ DNA Pap (ThinPrep [™]	TTTED Liquid Based □ Thin Prep™ □ SurePath™ [High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™
C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy	EMB ·		TEST SUBM ☐ Pap Test — ☐ DNA Pap (ThinPrep ^{TI} ☐ Medicare S	TTTED Liquid Based □ Thin Prep™ □ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™ Screening Pap Smear (Must check 1 below)
C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior	EMB 10	2	TEST SUBM ☐ Pap Test — ☐ DNA Pap (ThinPrep ^{TI} ☐ Medicare S ☐ Low Ris	TITED Liquid Based ☐ Thin Prep™ ☐ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™ Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs.
C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior G. LEEP - Posterior	EMB 10 9	2	TEST SUBM ☐ Pap Test — ☐ DNA Pap (ThinPrep ^{TI} ☐ Medicare \$ ☐ Low Ris Dx: V76.	TTTED Liquid Based ☐ Thin Prep™ ☐ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™ Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs. 2 Routine Cervical Pap Smear
C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior G. LEEP - Posterior	EMB 10	2	TEST SUBMI ☐ Pap Test — ☐ DNA Pap (ThinPrep ^{TI} ☐ Medicare S ☐ Low Ris Dx: V76. ☐ Low Ris	TITED Liquid Based ☐ Thin Prep™ ☐ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™ Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs. Routine Cervical Pap Smear sk, Vagina – Every 2 yrs.
C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior G. LEEP - Posterior H. Perineum Biopsy	EMB 10 9	2	TEST SUBM Pap Test — DNA Pap (ThinPrep ^{TI}) Medicare S Low Ris Dx: V76. Low Ris Dx: V76.	TTTED Liquid Based ☐ Thin Prep™ ☐ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™ Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs. 2 Routine Cervical Pap Smear sk, Vagina – Every 2 yrs. 49 screen for malignant neoplasm, vagina
C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior G. LEEP - Posterior H. Perineum Biopsy I. Vaginal Biopsy	EMB 10 9	2 3 7 6	TEST SUBMI Pap Test — DNA Pap (ThinPrepTI Medicare S Dx: V76. Low Ris Dx: V76. Low Ris Dx: V76. Low Ris	TITED Liquid Based ☐ Thin Prep™ ☐ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™ Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs. 2 Routine Cervical Pap Smear sk, Vagina – Every 2 yrs.
C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior G. LEEP - Posterior H. Perineum Biopsy J. Vulvar Biopsy	EMB 10 9 8 Cervical Diag	2 3 4 7 6 gram with Patient in Litholomy Pos	TEST SUBMI Pap Test — DNA Pap (ThinPrep ^{TI} Medicare S Dx: V76. Low Ris Dx: V76. Low Ris Dx: V76. Low Ris	Liquid Based ☐ Thin Prep™ ☐ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™ Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs. 2 Routine Cervical Pap Smear sk, Vagina – Every 2 yrs. 49 screen for malignant neoplasm, vagina sk, Routine gynecological examination – Every 2 yrs.
C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior G. LEEP - Posterior H. Perineum Biopsy I. Vaginal Biopsy J. Vulvar Biopsy K. Colposcopy	EMB 10 9 8 Cervical Diag	2 3 7 6	TEST SUBMI Pap Test — DNA Pap (ThinPrepTI Medicare S Dx: V76. Low Ris Dx: V76. Low Ris Dx: V76. Low Ris Dx: V76. How Ris DX: V72. High Ri Dx: V15.	Liquid Based ☐ Thin Prep™ ☐ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™ Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs. 2 Routine Cervical Pap Smear sk, Vagina – Every 2 yrs. 49 screen for malignant neoplasm, vagina sk, Routine gynecological examination – Every 2 yrs. 31 Routine gynecological examination (Eff. July 1, 2005)
C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior G. LEEP - Posterior H. Perineum Biopsy J. Vaginal Biopsy J. Vulvar Biopsy K. Colposcopy	EMB 10 9 8 Cervical Diag Pleas ————————————————————————————————————	2 7 6 gram with Patient in Litholomy Poste Note the Biopsy Site	TEST SUBMI □ Pap Test - □ DNA Pap □ ThinPrep™ □ Medicare S □ Low Ris □ Dx: V76. □ Low Ris □ Dx: V76. □ Low Ris □ Dx: V76. □ Low Ris □ Dx: V72. □ High Ri □ Dx: V15. □ HALO™ B	Liquid Based Thin Prep TM SurePath TM (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath TM Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs. 2 Routine Cervical Pap Smear sk, Vagina – Every 2 yrs. 49 screen for malignant neoplasm, vagina sk, Routine gynecological examination – Every 2 yrs. 31 Routine gynecological examination (Eff. July 1, 2005) sk – Medical History – 1 per year 89 Other specified personal history presenting hazards to health reast Pap Test
C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior G. LEEP - Posterior H. Perineum Biopsy I. Vaginal Biopsy J. Vulvar Biopsy Cher Abnl. Appearing Cervix Postpartum	EMB 10 9 8 Cervical Diag	2 7 6 gram with Patient in Litholomy Poste Note the Biopsy Site	TEST SUBMI Pap Test — DNA Pap (ThinPrepTI Medicare S Dx: V76. Low Ris Dx: V76. Low Ris Dx: V76. Low Ris Dx: V76. How Ris DX: V72. High Ri Dx: V15.	Liquid Based Thin Prep TM SurePath TM (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath TM Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs. 2 Routine Cervical Pap Smear sk, Vagina – Every 2 yrs. 49 screen for malignant neoplasm, vagina sk, Routine gynecological examination – Every 2 yrs. 31 Routine gynecological examination (Eff. July 1, 2005) sk – Medical History – 1 per year 89 Other specified personal history presenting hazards to health reast Pap Test
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C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior G. LEEP - Posterior H. Perineum Biopsy J. Vaginal Biopsy J. Vulvar Biopsy K. Colposcopy Other Abnl. Appearing Cervix Postpartum History of Adeno Ca History Invasive CA	EMB 10 9 8 Cervical Diag Pleas Pleas IDD Pregn Hormo	2 7 6 gram with Patient in Litholomy Pose Note the Biopsy Site OCP Provera ant	TEST SUBMI Pap Test — DNA Pap (ThinPrepTI Medicare S Low Ris Dx: V76. Low Ris Dx: V76. High Ri Dx: V15. HALOTM B DATE LMP HPV (High	Liquid Based
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C. Cervical Biopsy D. Cervical Cone E. Labial Biopsy F. LEEP - Anterior G. LEEP - Posterior H. Perineum Biopsy J. Vaginal Biopsy J. Vulvar Biopsy K. Colposcopy Other Postpartum History of Adeno Ca History Invasive CA Prior Conization Colposcopy WBiopsy Prior Cryosurgery Prior LEEP/Laser Surger	EMB 10 9 8 Cervical Diag Pleas Pleas IDD Pregn Hormon Prior H Post M ry Abnor	ant cone Therapy Hysterectomy Menopausal mal Bleeding	TEST SUBMI Pap Test — DNA Pap (ThinPrepTI Medicare S Low Ris Dx: V76. Low Ris DX: V76. High Ri Dx: V15. HALOTM B DATE LMP HPV (High HPV (High HPV Type Gonorrhea Group B S Herpes 1&	TITED Liquid Based ☐ Thin Prep™ ☐ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™ Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs. 2 Routine Cervical Pap Smear sk, Vagina – Every 2 yrs. 49 screen for malignant neoplasm, vagina sk, Routine gynecological examination – Every 2 yrs. 31 Routine gynecological examination (Eff. July 1, 2005) sk – Medical History – 1 per year 89 Other specified personal history presenting hazards to health reast Pap Test // Month Day Year MOLECULAR Risk) Reflex if ASC-US Risk) Only (No Pap) 16 & 18 – Reflex if High Risk Positive **Chlamydia** treptococcus 2
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	EMB 10 9 8 Cervical Diag Pleas Pleas BC / C Depo IUD Pregn Hormo Prior H Post M ry Abnor	ant cone Therapy Hysterectomy Menopausal mal Bleeding	TEST SUBMI Pap Test — DNA Pap (ThinPrepTI Medicare S Low Ris Dx: V76. Low Ris DX: V76. High Ri Dx: V15. HALOTM B DATE LMP HPV (High HPV (High HPV Type Gonorrhea Group B S Herpes 1&	Liquid Based ☐ Thin Prep™ ☐ SurePath™ (High Risk HPV & Pap) *recommended in women >30 yrs. or SurePath™ Screening Pap Smear (Must check 1 below) sk, Cervical – Every 2 yrs. 2 Routine Cervical Pap Smear sk, Vagina – Every 2 yrs. 49 screen for malignant neoplasm, vagina sk, Routine gynecological examination – Every 2 yrs. 31 Routine gynecological examination (Eff. July 1, 2005) sk – Medical History – 1 per year 89 Other specified personal history presenting hazards to health reast Pap Test MOLECULAR Risk) Reflex if ASC-US Risk) Only (No Pap) 16 & 18 – Reflex if High Risk Positive (Chlamydia treptococcus 2 Panel (Trichomonas, Candida, Gardnerella) osis Panel

It is the ordering	party's responsibility to order only those tests				
GYNECOLOGIC HISTOLOGY (DIAGRAM)					
□ A. Endocervical Curretting - ECC □ B. Endometrial Biopsy - EMB □ C. Cervical Biopsy □ D. Cervical Cone □ E. Labial Biopsy □ F. LEEP - Anterior □ G. LEEP - Posterior □ H. Perineum Biopsy □ I. Vaginal Biopsy □ J. Vulvar Biopsy □ K. Colposcopy □ Other	11 12 1 1 1 1 1 2 9 3 3 8 4 4 7 6 5 Cervical Diagram with Patient in Litholomy Position Please Note the Biopsy Site				
□ Abnl. Appearing Cervix □ Postpartum □ History of Adeno Ca □ History Invasive CA □ Prior Conization □ Colposcopy w/Biopsy □ Prior Cryosurgery □ Prior LEEP/Laser Surgery □ History of Radiation □ History of Abnormal Pap – Specify □ Other	□ BC / OCP □ Depo Provera □ IUD □ Pregnant □ Hormone Therapy □ Prior Hysterectomy □ Post Menopausal □ Abnormal Bleeding				

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