



# SMA Medical Laboratories

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## GYN PATHOLOGY

### PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address	Apt#	City
	State	ZIP
Phone	SSN	D.O.B.
	M	<input type="checkbox"/>
	F	<input type="checkbox"/>

### INSURANCE INFORMATION

Insurance Name	I.D. #	Group#
<input type="checkbox"/> Bill Medicare <input type="checkbox"/> Bill Medicaid <input type="checkbox"/> Bill Patient <input type="checkbox"/> Bill Client		

### SPECIMEN INFORMATION

Date Collected: \_\_\_/\_\_\_/\_\_\_      Time Collected: \_\_\_\_\_

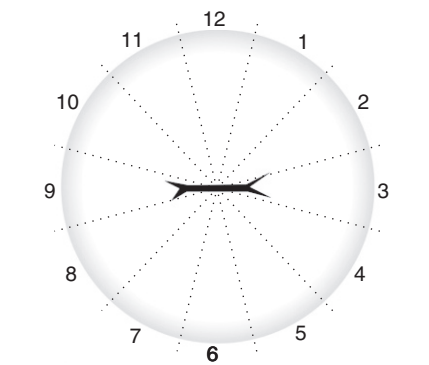
Fasting:  Yes    No      Fax results to: \_\_\_\_\_       STAT

### ICD9 CODES

It is the ordering party's responsibility to order only those tests medically necessary for the diagnosis and treatment of the patient.

### 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 \_\_\_\_\_



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

### GYN CTYLOGY

#### SPECIMEN SOURCE

- Cervix/Endocervix
- Vagina
- Breast

#### TEST SUBMITTED

- Pap Test – Liquid Based     Thin Prep™     SurePath™
- DNA Pap (High Risk HPV & Pap) \*recommended in women >30 yrs. ThinPrep™ or SurePath™
- Medicare Screening Pap Smear (Must check 1 below)
  - Low Risk, Cervical – Every 2 yrs.  
Dx: V76.2 Routine Cervical Pap Smear
  - Low Risk, Vagina – Every 2 yrs.  
Dx: V76.49 screen for malignant neoplasm, vagina
  - Low Risk, Routine gynecological examination – Every 2 yrs.  
DX: V72.31 Routine gynecological examination (Eff. July 1, 2005)
  - High Risk – Medical History – 1 per year  
Dx: V15.89 Other specified personal history presenting hazards to health
- HALO™ Breast Pap Test

DATE LMP \_\_\_/\_\_\_/\_\_\_  
Month      Day      Year

### MOLECULAR

- HPV (High Risk) Reflex if ASC-US
- HPV (High Risk) Only (No Pap)
- HPV Type 16 & 18 – Reflex if High Risk Positive
- Gonorrhea/Chlamydia
- Group B Streptococcus
- Herpes 1&2
- Vaginosis Panel (*Trichomonas, Candida, Gardnerella*)
- Cystic Fibrosis Panel
- Other \_\_\_\_\_

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ICD9 CODES) Reflex tests are performed at an additional charge.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

PA 009 new 12/12