SMA SPECIALTY MEDICAL LAB

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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 ☐ F ☐

INSURANCE INFORMATION

Insurance Name | I.D. # | Group#

☐ Bill Medicare ☐ Bill Medicaid ☐ Bill Patient ☐ Bill Client

SPECIMEN INFORMATION

Date Collected:____/____/_____ Time Collected: _____

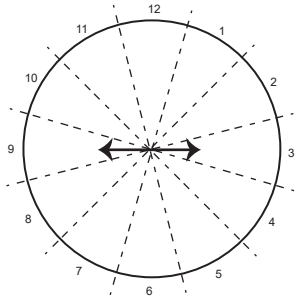
Fasting: ☐ Yes ☐ No Fax results to: _____ ☐ STAT

ICD 10 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 - 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 _____



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
- ☐ BC / OCP
- ☐ Depo Provera
- ☐ IUD
- ☐ Pregnant
- ☐ Hormone Therapy
- ☐ Prior Hysterectomy
- ☐ Post Menopausal
- ☐ Abnormal Bleeding
- ☐ History of Abnormal Pap- Specify _____
- ☐ Other _____

GYN CYTOLOGY

SPECIMEN SOURCE

☐ Cervix/Endocervix ☐ Vagina

- ☐ Thin Prep
- ☐ Thin Prep w/HPV
- ☐ Thin Prep w/HPV + GC/Chlamydia/Trichomonas
- ☐ Thin Prep + GC/Chlamydia/Trichomonas
- ☐ HPV

Date LMP _____/_____/_____
Month Day Year

TEST SUBMITTED

☐ Vaginosis Panel	swab
☐ Group B Streptococcus	swab
☐ Chlamydia/Gonococcus, NAA	urine cup
☐ Trichomonas Vaginalis, NAA	urine cup
☐ LH	SST
☐ DHEA-S	SST
☐ Estradiol	SST
☐ FSH	SST
☐ Progesterone	SST
☐ Prolactin	SST
☐ SHBG	SST
☐ Testosterone Total	SST
☐ B-HCG	SST
☐ HSV 1/2 AB IgG	SST
☐ MMR+V	SST
☐ Hepatitis Profile	SST
☐ HIV 1/2 Ag/Ab Combo	SST
☐ Syphilis Antibody Cascading Reflex	SST

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ICD10 CODES) Reflex tests are performed at an additional charge.

_____

_____

_____

Physician Signature_____DATE___/ ____/ _____