



Memorial Hospital
 1400 East Boulder
 Colorado Springs, CO 80909
 719-365-5260

BILL TO:

- My Account
- Patient's Insurance

Laboratory Services
 Cytopathology Gynecologic Test
 Requisition

Attach copy of patient's
 demographic and insurance
 information

Memorial Central CLIA # 06D0663026 Memorial North CLIA # 06D1065861

PATIENT INFORMATION		
Last Name	First Name, Middle Initial	Birthdate SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Service	ICD 10_(Required)	
ORDERING PROVIDER INFORMATION		
Practice Name:	Address:	Phone:
Ordering Provider:		Fax:

Specimen container must exhibit two patient identifiers.

SPECIMEN SOURCE		
<input type="checkbox"/> Cervical/Endocervical	<input type="checkbox"/> Vaginal	<input type="checkbox"/> Other, specify:

TEST(S) REQUESTED	CLINICAL INFORMATION	RISK FACTORS
<input type="checkbox"/> ThinPrep Pap Test <input type="checkbox"/> Molecular tests only No Pap	LMP Mo. Day Yr ____/____/____	<input type="checkbox"/> Previous Abnormal Pap(date and result) Mo. Day Yr ____/____/____
HIGH RISK HPV mRNA TESTING <input type="checkbox"/> Reflex HPV if ASCUS <input type="checkbox"/> Co-Testing women age 30 and older <input type="checkbox"/> HPV on any diagnosis	<input type="checkbox"/> Pregnant <input type="checkbox"/> Postpartum <input type="checkbox"/> Peri/Postmenopausal	<input type="checkbox"/> SIL within last 5 years <input type="checkbox"/> Positive HPV Test within last 3 years
HPV GENOTYPING <input type="checkbox"/> 16, 18/45 if High Risk Positive	<input type="checkbox"/> Hysterectomy cervix absent <input type="checkbox"/> Hysterectomy cervix present <input type="checkbox"/> IUD <input type="checkbox"/> Hormone Therapy	<input type="checkbox"/> No Pap test within last 5 years <input type="checkbox"/> Previous GYN Malignancy (specify)
ADDITIONAL MOLECULAR TESTING <input type="checkbox"/> Chlamydia RNA** <input type="checkbox"/> Gonorrhea RNA** <input type="checkbox"/> Other, specify:	Additional Pertinent Information:	

Unless this testing meets an exception under Colorado law, by authorizing this order you understand that Colorado law requires you to inform the patient that (1) you have ordered testing for sexually transmitted infections; (2) the results may be reported to Colorado's health department; and (3) the patient can opt out of testing.