| 611 W. Park Street | | LABORATORY AND PATHOLOGY SERVICES | | |
|---|---|-------------------------------------|--|---|
| Tarle Urbana, II | L 61801 GYNEC | GYNECOLOGICAL CYTOLOGY REQUEST FORM | | |
| 1. | Date://_ Performing Pr | rovider #: | Rec | questing #: |
| Place Label Here | Name (last, first): | | | |
| | MRN: Date of | Birth:/_ | /Age: | _ Room #: |
| 2. SOURCE: ☐ Cervical ☐ Vaginal | ☐ Endocervical ☐ Anus | | 12. HPV ONLY | |
| 3. LMP: | | | Source: | ☐ Cervical |
| 4. Hormone use (HRT, BCP, etc.) YES Type: | | _□ NO | □ Vaginal □ Endocervical | |
| 5. □ Pregnant | 9. ☐ Hysterectomy (☐ Partial | ☐ Total) | | □ Other |
| 6. ☐ Postpartum | 10. ☐ Menopausal | | Diagnosis: | |
| 7. □ IUD | 11. ☐ High Risk for Cervical Cancer (Indicators on back) | | | |
| 8. □ Pelvic Irradiation | | | *Please note: Only fill out this section when requesting HPV testing without a pap test. | |
| What is the reason for this Pap test? CHC | OOSE #13 OR #14 | | | |
| 13. A SCREENING PAP TEST: Routine tes | t for early detection of cancer. | Please che | ck the appropriat | te code: |
| \square Routine Cervical/Endocervical (inc | ludes repeat for "No endocerv | ical cells") | | |
| ☐ Routine Vaginal Smear | | | | |
| ☐ High Risk Screen (See back for Hig | h Risk Indicators) | | | |
| 14. A DIAGNOSTIC PAP TEST: indicated area; (2) Any complaints, signs or syntreated. | | | • | • |
| | IS THIS A DIAGNOSTIC PA | | | |
| Please provide reason for the test or check the appropriate code(s): | | | | |
| □ Previous Atypical Pap (ASCUS or AGUS) □ Previous Dysplasia (LSIL or HSIL) | | | | |
| □ Previous Positive HPV Test □ Follow-up for Gyn Cancer | | | | |
| ☐ Repeat for previous "UNSAT" Pap I | Note: Repeat due to "no endo | cervical cell | s" is NOT diagno | stic but screening test |
| ☐ Irregular Menstrual Cycle | □ Post-n | nenopausal | bleeding | |
| ☐ Other reason for test: | | | (see ba | ck for additional codes) |
| 15. □ Do not perform reflex HPV testing | on Pap | | | |
| 16. ☐ Please perform HPV test independ | lent to reflex policy | | | |
| 17. Verified by Physician/Performing Pro- | vider:(signature) | | Date: | Time: |
| Second Verification Initials: | | | | ımber: |
| FOR LAB USE ONLY Tech DX: | QC DX: | | Path DX: | |

QC Initials:

Path Initials:

Tech Initials:

The patient will be considered to be High Risk for developing cervical cancer if the clinical history given matches any of the following categories:

1. General:

• Pregnancy: Women who have had three or more full-term pregnancies, or who had their first full-term pregnancy before age 17, are twice as likely to get cervical cancer.

2. Genetics

• Family history: Women with a sister or mother who had cervical cancer are two to three times more likely to develop cervical cancer.

3. Lifestyle

- Sexual history: Certain types of sexual behavior are considered risk factors for cervical cancer and HPV infection. These include: sex before age 18, sex with multiple partners and sex with someone who has had multiple partners. Studies also show a link between chlamydia infection and cervical cancer.
- Smoking: A woman who smokes doubles her risk of cervical cancer.
- Oral contraceptive use: Women who take oral contraceptives for more than five years have an increased risk of cervical cancer, but this risk returns to normal within a few years after the pills are stopped.

4. Other Conditions

- Weakened immune system: In most people with healthy immune systems, the HPV virus clears itself from the body within 12-18 months. However, people with HIV or other health conditions or who take medications that limit the body's ability to fight off infection have a higher risk of developing cervical cancer.
- Diethylstilbestrol (DES): Women whose mothers took DES, a drug given to some women to prevent miscarriage between 1940 and 1971, have a higher risk of developing cervical cancer.
- HPV: The HPV virus is known to be transmitted through direct mucosal contact. Infection by high risk HPV strains has been associated with cervical cancer. Early detection of precancerous squamous intraepithelial lesions or glandular dysplasia caused by high risk HPV strains helps in preventing progression to cervical cancer.

