Ascension Providence Rochester Hospital

HISTOLOGY/CYTOPATHOLOGY

1101 W. University
Rochester, MI 48307
Phone: 248-652-5260

Patient Information			Client Information
Patient Last Name	First	M	
Address	City		ph: fax:
State	Zip	SSN#	Ordering Physician ☐
Birthdate	Sex	Telephone	

Primary Insurance	Secondary Insurance		
☐ See Attached Insurance Company Name	Insurance Company Name	Collection Date	Collection Time
Insurance Member ID #	Insurance Member ID #	Fax results to:	☐ Stat
Subscriber	Subscriber	Copy to:	
Address	Address	Fax number:	

Please provide an ICD-10 code(s) or select code(s) from the list below. The codes provided are not all-inclusive.

ICD-10 Codes

☐ R87.610 ASCUS	☐ N93.8 Abn Uterine/vVag Bleeding	☐ N88.0 Leukoplakia of Cervix	☐ Z01.411 Rout GYN w/ Abn Find
☐ N72 Inflammatory Disease of Cervix	☐ N85.00 Endometrial Hyperplasia	☐ N92.0 Menorrhagia	☐ Z01.419 Rout GYN w/o Abn Find
☐ N87.0 Mild Cervical Dysplasia	☐ N84.0 Endometrial Polyp	☐ D39.9 Neo Fem Genital Organs	☐ N92.6 Irreg. Menstruation, Unspec
☐ N87.1 Moderate Cervical Dysplasia	☐ N80.9 Endometriosis, Unspec	☐ N76.0 Acute Vaginitis	☐ Z12.72 Screening for Mal Neo Vag
☐ D06.9 Carcinoma in situ of Cervix, Unspec	☐ R87.613 HGSIL	☐ N95.0 Postmenopausal Bleed	☐ Z12.4 Screening for Mal Neo Cerv
☐ A63.0 Anogenital (Venereal) Warts	☐ R87.612 LGSIL	☐ Z33.1 Pregnant State, Incidental	☐ Z11.51 HPV Screening

GYN CYTOLOGY/HPV TESTS

Tests Ordered

☐ ThinPrep Pap Test with HPV testing
☐ ThinPrep Pap Test with Reflex HPV
☐ ThinPrep Pap Test
☐ HPV testing only

Specimen Source

☐ Cervical
☐ Endocervical
☐ Vaginal
☐ Other_______________

Menstrual History

LMP Date ___________________
☐ Oral Contraceptives
☐ Pregnant
☐ Post Menopausal
☐ Hysterectomy/ Supracervical_______
☐ Post Partum
☐ Hormone Therapy

Current History

☐ Chemo/Radiation
☐ Previous Abnormal Pap ______
☐ High Risk Status_________

Clinical Symptoms

☐ Abnormal Bleeding
☐ Vaginal Discharge
☐ Other _______________

Diagnosis/Clinical Information

OTHER RELATED TEST

☐ Chlamydia Trachomatis/Neisseria gonorrhea DNA amplification **(Requires Cobas PCR Media Tube)**
☐ Chlamydia Trachomatis/Neisseria gonorrhea DNA amplification **(From ThinPrep specimen vial)**
☐ Affirm Test-Includes Candida species, Gardnerella vaginalis, Trichomonas vaginalis **(Requires Affirm collection swab)**

NON-GYN & FINE NEEDLE ASPIRATION CYTOLOGY TEST

Non-Gynecolgical Specimen Source

☐ Breast Nipple Discharge L ☐ R ☐
☐ CSF
☐ Cyst Fluid, Site_________________
☐ Esphageal Brushing
☐ Gastric Brushing
☐ Sputum
☐ Urine, Voided
☐ Urine, Catherization
☐ Skin (Tzanck Smear)
☐ Other ___________________

Fine Needle Aspiration

☐ Breast L ☐ R ☐
☐ Lymph Node Site____________________________
☐ Salivary gland Site____________________________
☐ Thyroid Gland Site____________________________
☐ Other____

Diagnosis/Clinical Information:

SURGICAL PATHOLOGY

Site (A)	Site (E)	Site (I)
Site (B)	Site (F)	Site (J)
Site (C)	Site (G)	Site (K)
Site (D)	Site (H)	Site (L)

Diagnosis/Clinical Information: