### Pathology / Cytology

#### Procedure:

- Tissue or Fluid Submitted: [ ]
- Specimen Site: [ ]

*TIME REQUIRED for Breast Biopsy and Flow Cytometry Specimens: *

**Time of Collection: _____________ am/pm**

### Clinical History and Diagnosis:

**Gynecologic Specimens**

- For Gynecologic Specimens: Last Menstrual Period _____________ / _____________ / _____________
- Specimen Source: [ ] CERVICAL [ ] ENDOCERVICAL [ ] VAGINAL [ ] ENDOMETRIAL [ ] OTHER

#### Clinical History:

- [ ] Previous Pap normal
- [ ] Follow up Abnormal Pap
- [ ] Pregnant
- [ ] Postpartum
- [ ] Menopause/Post Menopause
- [ ] Post Menopausal Bleeding
- [ ] Abnormal Vaginal Bleeding
- [ ] Hysterectomy
- [ ] Supracervical Hysterectomy
- [ ] History Radiation/chemo

#### Drugs/Hormones:

- [ ] None
- [ ] Birth Control
- [ ] Depo-Provera
- [ ] Estrogen
- [ ] IUD with Progesterone
- [ ] Tamoxifen
- [ ] Other

#### Previous Tx:

- [ ] Cryo/Laser
- [ ] Conization
- [ ] Leep
- [ ] Biopsy

### Clinical Testing

**Specimens Collected with Thin Prep® Pap Bottle**

- [ ] Pap Test ONLY 88175
- [ ] Pap Test REFLEX HPV if ASCU-US 88175, 87621
- [ ] Pap test with HPV (Any Pap result) 88175, 87621
- [ ] Pap test with HPV (30 + years old) 88175, 87621
- [ ] HPV Only - No PAP test 87621
- [ ] Pap test reflex HPV if LSIL 88175, 87621
- [ ] Chlamydia Only 87491
- [ ] Chlamydia/Gonorrhea screen (amplified DNA) 87491, 87591
- [ ] Herpes Simplex Virus I & II (amplified RNA) 87529 x 2
- [ ] Anal Pap (collect with dacron swab)
- [ ] Other tests requested:

**Specimens Collected with Universal Viral Transport Media**

- [ ] Herpes Simplex Virus I & II DNA probe 87529 x 2
- [ ] Herpes virus culture reflex to type 87252, 87253

**Specimens Collected with E-swab**

- [ ] Group B Strep (GBS) Vag/rectal DNA Amplification 87081, 87653
- [ ] Vaginal culture 87070
- [ ] Yeast Screen 87070

**Specimens Collected with White Top Bactiswab Culturette**

- [ ] Fungal Culture 87102, 87220

**Other Testing:**

- [ ] Fungal Culture 87102, 87220

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*Signifies Mandatory Requirement - please provide.*

**FR-51V025C (01/16) Ordering Provider Signature REQUIRED ___________________________**

**Date: _____________**
**Pathology / Cytology**

**Procedure:**

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<tr>
<th>Tissue or Fluid Submitted</th>
<th>Specimen Site</th>
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*TIME REQUIRED for Breast Biopsy and Flow Cytometry Specimens:*

*Time of Collection: ___________ am/pm*

**Clinical History and Diagnosis:**

**Gynecologic Specimens**

For Gynecologic Specimens

- Last Menstrual Period: ___________ / ___________/ ___________

- Specimen Source:
  - Cervical
  - Endocervical
  - Vaginal
  - Endometrial
  - Other

- Clinical History:
  - Previous Pap normal
  - Follow up Abnormal Pap
  - Menopause/Post Menopause
  - Post Menopausal Bleeding
  - Hysterectomy
  - Supravaginal Hysterectomy
  - History Radiation/chemo

- Drugs/Hormones:
  - None
  - Birth Control
  - Depo-Provera
  - Estrogen
  - IUD with Progesterone
  - Tamoxifen
  - Other

- Previous Tx:
  - None
  - Cryo/Laser
  - Conization
  - Leep
  - Biopsy

**Clinical Testing**

**Specimens Collected with Thin Prep® Pap Bottle**

- Pap Test ONLY 88175
- Pap Test REFLEX HPV if ASC-US 88175, 87621
- Pap test with HPV (Any PAP result) 88175, 87621
- Pap test with HPV (30 years old) 88175, 87621
- HPV Only - No PAP test 87621
- Pap test reflex HPV if LSIL 88175, 87621
- Chlamydia Only 87491
- Chlamydia/Gonorrhea screen (amplified DNA) 87491, 87591
- Herpes Simplex Virus I & II (amplified RNA) 87529 x 2
- Anal Pap (collect with dacron swab)
- Other tests requested:

**Specimens Collected with Universal Viral Transport Media**

- Herpes Simplex Virus I & II DNA probe 87529 x 2
- Herpes virus culture reflex to type 87252, 87253

**Specimens Collected with E-swab**

- (aerobic, anaerobic, fastidious bacteria)
  - Group B Strep (GBS) Vag/rectal DNA Amplification 87081, 87653
  - Vaginal culture 87070
  - Yeast Screen 87070

**Specimens Collected with White Top Bactiswab Culturette**

- Fungal Culture 87102, 87220

**Other Testing:**

**Specimens Collected with Aptima® (TMA)**

- Swab
- Chlamydia, Gonorrhea 87491, 87591
- Trichomonas - Amplified 87661

**LAB USE ONLY**

- Pap Bottle T
- Swab #
- Bx #

*Signifies Mandatory Requirement - please provide.  FR-51V025C (01/16)  *Ordering Provider Signature REQUIRED ___________________________ Date: ___________