

CYTOLOGY REQUEST

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Laboratory Director and Staff



Place IDX Label Here

- CR SPN LJ OB MV RB
- RSD ST SM TP CO OUT CO ESC CO HC
- CO CD CO SY CO OC CO EN CO CBD CO EL CO DM

SERVICE DATE	PREPARED BY:	COPY TO DOCTOR NAME/NUMBER

MRN: _____

Patient Name: _____

Date of Birth: _____

Ordering Physician/#: _____

L.M.P.	GYN SPECIMEN
	<input type="checkbox"/> Cervical CX <input type="checkbox"/> Vaginal VAG <input type="checkbox"/> Other, Specify _____

ABN Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	ICD CODE:
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GYN CLINICAL INFORMATION	SEE BACK LISTING
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- Now pregnant Post Partum IUD
- Post Menopause Nursing Hormone treatment
- Previous abnormal pap Postmenopausal bleeding Carcinoma
- Abnormal cervix Pelvic pain Radiation treatment
- Hysterectomy Vaginal discharge Colposcopy
- Supracervical Hyst. Birth control

ADDITIONAL TESTS

- Pap test with High Risk HPV and CT/NG
- Pap test with High Risk HPV
- Pap test with CT/NG

Non GYN Specimen Site

Clinical History and/or other requests:

Physician's Signature: _____

A reflex HPV test will be performed at an additional charge if Pap is ASCUS/Atypical. To DECLINE this reflex test, check box
Chlamydia/GC tests will be performed at an additional charge on all patients 16-24 y.o. To DECLINE these tests, check box
SEE BACK NOTE

FOR LABORATORY USE ONLY

SPECIMEN DESCRIPTION
AND/OR DEFICIENCY:

ON SITE EVALUATION:	CYTOTECHNOLOGIST	PATHOLOGIST
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CT Initials: _____

Path Initials: _____



1PATH



PATH 55-8310

MOST COMMONLY USED ICD CODES FOR PAP SMEARS

LOW RISK SCREENING

V72.31	ROUTINE GYNECOLOGICAL EXAMINATION
V76.2	SCREEN MAL NEOP-CERVIX
V76.47	SPECIAL SCREENING FOR MALIGNANT NEOPLASMS, VAGINA
V76.49	SCREEN MAL NEOP-SITE NEC (NO CERVIX)
V22.1	SUPERVISION OF OTHER PREGNANCY
V24.2	ROUTINE POSTPARTUM FOLLOW UP
V22.0	SUPERVISION OF NORMAL FIRST PREGNANCY

HIGH RISK SCREENING

V15.89	OTHER SPECIFIED PERSONAL HISTORY PRESENTING HAZARDS TO HEALTH, OTHER.
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ABNORMAL PAP

795.00	ABNORMAL GLANDULAR PAPANICOLAOU SMEAR OF CERVIX
795.01	PAP SMEAR OF CERVIX W/ATYPICAL SQUAMOUS CELLS (ASC-US)
795.02	PAP SMEAR OF CERVIX WITH ATYPICAL SQUAMOUS CELLS CANNOT EXCLUDE HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (ASC-H)
795.03	PAPANICOLAOU SMEAR OF CERVIX WITH LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION (LGSIL)
795.04	PAPANICOLAOU SMEAR OF CERVIX WITH HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION (HGSIL)
795.05	CERVICAL HIGH RISK HUMAN PAPILLOMAVIRUS (HPV) DNA TEST POSITIVE
795.06	PAPANICOLAOU SMEAR OF CERVIX WITH CYTOLOGIC EVIDENCE OF MALIGNANCY
795.07	SATISFACTORY CERVICAL SMEAR BUT LACKING TRANSFORMATION ZONE
795.08	UNSATISFACTORY CERVICAL CYTOLOGY SMEAR
795.09	OTHER ABNORMAL PAPANICOLAOU SMEAR OF CERVIX AND CERVICAL HPV

HPV AND CHLAMYDIA/GC TEST NOTE:

- A Reflex HPV test will be performed on all ASCUS (Atypical Squamous Cells of Undetermined Significance) cases unless declined by patient and or/physician on front of this page.
- Chlamydia / GC will be performed on all patients 16-24 years old unless declined by patient and/or physician on the front of this page.