Lab Use Only:
Tech Initial: ____________
Accession #: ____________
Date/Time: ____________

OBGYN REQUISITION

PATIENT INFORMATION

Last Name	First Name	M.I.
Street Address	Apt. #	
City	State	Zip
Patient Phone Number	Patient Social Security Number	

Date of Birth / /	Age	Sex	Race	Client ID #

BILLING / INSURANCE (or attach copy of insurance card - both sides)

Bill:
☐ Insurance
☐ Medicare
☐ Medicaid
☐ Worker's Comp
☐ Patient
☐ Physician
☐ Hospital
☐ Other

☐ Inpatient
☐ Outpatient
☐ Emergency Room

Insurance ☐ Secondary Insurance Information Attached

Name/Relationship to Insured: ☐ Self ☐ Spouse ☐ Dependent

Company Name

Address

City	State	Zip

Employer Name

Group/Contract #	Member ID #
Medicare #	Medicaid ID #

CLIENT INFORMATION

Treating Physician	UPIN #

Physician's Signature X ____________

Send Duplicate of Report to:

Name ____________

Address/Fax ____________

ICD 9 CODE: ____________ Collection Date/Time ____________

CYTOLOGY

☐ **Pap** ☐ **No Pap**

Orders: (Check One)
☐ HIV (Blood)
☐ Syphilis / HIV Combo
☐ Surepath
☐ Surepath RFX HPV if ASCUS
☐ Surepath / HPV Combo
☐ Thin Prep
☐ Thin Prep RFX HPV if ASCUS
☐ Thin Prep / HPV Combo
☐ Culture, Chlamydia
☐ Culture, GC
☐ Culture, Trichomonas vaginalis (collect M-Th only)
Collection Date: ____________
Time: ____________
☐ Conven. Pap

Exam Questions:

Pap Reason for Exam: Routine Previous Abnormal Follow-Up Other
Previous Pap Dx: Normal ASC-US AGUS LSIL HSIL Cancer None
Anatomical Site: Cervix EndoCervix Vagina Cervix + Endocervix Cervix + Vagina EndoCervix + Vagina Cervix + EndoCervix + Vagina
LMP Date: ___/___/___
Hormone Rx: Yes No
Contraceptives: Oral DepoProvera IUD Patch NuvaRing Condom None
Post Partum: Yes No
Post Menopause: Yes No
Post Hysterectomy: Yes No
Previous Abnormal Biopsy: Yes No
Abnormal Bleeding: Yes No
Family History of GYN Cancer: Yes No
Cervix Bleeds on Contact: Yes No

Clinician Notes ____________

HISTOLOGY SPECIMENS

Pre-Op Diagnosis: ____________

1. Specimen: ____________
2. Specimen: ____________
3. Specimen: ____________
4. Specimen: ____________

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