

**\*GYN CYTOLOGY ADD-ON TESTING REQUEST\***



**VISTA**  
PATHOLOGY LABORATORY

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Place patient label here

**Gynecologic Cytology (PAP) / HPV / STI Test Requisition**

**CLIENT INFORMATION**

Request Date: \_\_\_\_\_ Vista Accession#: GYC  
Ordering Provider \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Copy Report to: \_\_\_\_\_  
\_\_\_\_\_  
Collection Date \_\_\_\_\_

**PATIENT INFORMATION**

Name \_\_\_\_\_  
DOB \_\_\_\_\_ Gender:  F  M  Unspecified

Billing Information:  
 Insurance  OHP  Medicare  
 Patient  Other \_\_\_\_\_

*Please attach detailed billing information separately (including patient address, phone number, and insurance information)*

**SPECIMEN INFORMATION**

**TEST TYPE / ICD-10 CODES (REQUIRED):**

- Routine cervical screening - **Z12.4**  
*Medicare coverage q 2 years*
- Routine vaginal screening - **Z12.72**  
*Medicare coverage q 2 years*
- Routine vaginal screening history of malignancy of other site (not cervix) - **Z12.89**  
*Medicare coverage q 2 years*
- Screening for high risk patient - **Z91.89**  
*Medicare coverage yearly*
- Diagnostic Pap - Medicare covers as medical necessity but must give ICD-10:
  - N87.0** - Dysplasia (not CIN3/CIS)
  - D06.9** - CIN3/CIS
  - R87.820** - Abnormal Pap-HPV
  - N72** - Cervicitis
  - N76.0** - Vaginitis
  - N93.8** - Abnormal uterine bleeding
  - N95.0** - Post-Menopausal bleeding
  - N89.8** - Vaginal discharge
  - A60.00** - Genital Herpes
  - C53.1** - Malignant neoplasm cervix
  - C54.1** - Malignant neoplasm endometrium
  - Z34** - Pregnancy
  - Other \_\_\_\_\_

**Please check the applicable add-on testing:**  
(Specimens are typically held up to 30 days, storage space permitting)

**Pap and High Risk HPV Testing**

- Pap ONLY**
- High Risk HPV testing ONLY**
- High Risk HPV Testing with Reflex Genotyping (16, 18/45)**
- HPV Genotyping ONLY** (for confirmed HPV positive cases)

**Molecular Ancillary Testing**

- N. gonorrhea / C. trachomatis**
  - ThinPrep vial
  - Orange Aptima Multitest swab (Vaginal swab)
  - Yellow Aptima Urine Collection tube (Urine - male or female)

**The following add-on tests are only available if an orange Aptima Multitest swab was provided**

- Trichomonas** (Orange Aptima Multitest swab only)
- M. genitalium** (Orange Aptima Multitest swab only)
- Herpes Simplex Virus (HSV) 1 & 2** (Aptima Mutlitest swab only)
- Vaginitis Panel** (Aptima Mutlitest swab only; includes testing for BV, Candida spp., Candida gla., and Trichomonas)

**NOTE**

**ADVANCED BENEFICIARY NOTICE (ABN)**

*(ABN must be completed, signed, and dated for all Medicare patients)*

SEE OTHER SIDE OF THIS SHEET