



**VISTA**  
PATHOLOGY LABORATORY

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Place patient label here

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

**CLIENT INFORMATION**

Ordering Provider \_\_\_\_\_  
Clinic Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

**PATIENT INFORMATION**

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

**Clinical History:**  
 Normal History  Hormone tx (replacement or contraception)  
 Prior abnormal Pap/HPV/Biopsy  Visible lesion on exam  
 Abnormal bleeding  Irregular Menses  IUD  
 Other \_\_\_\_\_

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

**Menstrual Status:**  
 LMP \_\_\_\_\_  
 Pregnant  Hysterectomy  
 Postpartum  Complete  
 Menopausal  Supracervical

*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 \_\_\_\_\_

**Specimen Site (REQUIRED):**  Cervical/Endocervical  Vaginal

**Pap and High Risk HPV Testing (ThinPrep Pap Vial)**  
*(Recommendations based on ASCCP Guidelines; asccp.org)*

- Pap + High Risk HPV co-testing** (recommended for screening patients >30 years old or surveillance of patients with prior abnormal Pap, HPV or biopsy) HPV testing will be performed regardless of Pap diagnosis; Genotyping is performed for High Risk HPV positive patients ONLY if Pap diagnosis is negative.
- Pap + Reflex High Risk HPV testing for ASCUS pap result** (recommended for screening patients 21-29 years old or surveillance of young patients with prior mild abnormalities)
- Reflex Genotyping** (select for 16/18-45 genotyping when High Risk HPV testing is positive regardless of Pap diagnosis)
- Pap only** (no HPV test)

**Molecular Ancillary Testing**

- N. gonorrhoea / C. trachomatis**
  - ThinPrep vial
  - Orange Aptima Multitest swab (Vaginal swab)
  - Yellow Aptima Urine Collection tube (Urine - male or female)
- Trichomonas** (Orange Aptima Multitest swab only)
- M. genitalium** (Orange Aptima Multitest swab only)
- Herpes Simplex Virus (HSV) 1 & 2** (Aptima Multitest swab only)
- Vaginitis Panel** (Aptima Multitest 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