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Place patient label here

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

**CLIENT INFORMATION**

Ordering Provider: \_\_\_\_\_  Copy Report to: \_\_\_\_\_  
 Name(s): \_\_\_\_\_  
 Clinic Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Collection Date: \_\_\_\_\_

**PATIENT INFORMATION**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Gender:  F  M  Unspecified  
**Billing Information:**  
 Insurance  OHP  
 Patient  Other: \_\_\_\_\_  
 Medicare \_\_\_\_\_  
**Menstrual Status:**  
 LMP \_\_\_\_\_  Hysterectomy  
 Pregnant  Complete  
 Postpartum  Supracervical  
 Menopausal  
**Clinical History:**  
 Normal history  Hormone tx (replacement or contraception)  
 Prior abnormal Pap/HPV/Biopsy  Visible lesion on exam  
 Abnormal bleeding  Irregular Menses  IUD  
 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 pt **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 Multi-test swab (Vaginal swab)  
 Yellow, Aptima Urine Collection tube (Urine - male or female)  
 **Herpes Simplex Virus (HSV) 1 & 2** (ThinPrep vial only)  
 **Vaginitis Panel** (Orange, Aptima Multi-test swab: includes testing for BV, Candida spp., Candida gla., and Trichomonas).

**NOTE** **ADVANCE BENEFICIARY NOTICE (ABN)**  
 ABN must be completed, signed and dated for all Medicare patients  
 SEE OTHER SIDE OF THIS SHEET.