



1032 E. Jackson Street
 Medford, OR 97504
 ph: 541-770-4559
 fax: 541-770-4511
 www.vistapathology.com

Place patient label here

Gynecologic Cytology (Pap) / HPV / STI Test Requisition

CLIENT INFORMATION

Ordering Provider: _____

Clinic Name: _____

Address: _____

Phone: _____ Fax: _____

Collection Date: _____

Copy Report to: _____

Name(s): _____

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 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)

Pap + High Risk HPV co-testing: consider for pts ≥ age 30; High Risk HPV testing will be performed regardless of Pap diagnoses. Genotyping will be performed for patients with a Negative Pap diagnosis and positive High Risk HPV Result.

Pap + Reflex High Risk HPV: consider for pts ≥ age 21-29. High Risk HPV testing will be performed for patients with an ASCUS Pap diagnosis.

Reflex Genotyping: select for 16/18-45 genotyping when High Risk HPV testing is positive regardless of Pap diagnosis.

Pap only: No High Risk HPV testing.

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.