InterScience
Diagnostic Laboratories, Inc.
1750 Richmond Avenue
Staten Island, NY 10314
TEL# 718-698-5461 FAX# 718-698-4517
CLIA I.D. 33D1082465

GYNECOLOGY Requisition

Cytology/Histology

GYN-0071

CLIENT INFORMATION

Treating Physician | UPIN #

Physician's Signature X _____

Send duplicate of report to:

Name _____

Address/Fax _____

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	Patient ID

BILLING/INSURANCE (Attach copy of insurance card — both sides)

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

- ☐ Outpatient/ Non-hospital
- ☐ Hospital (IP/OP/ER)

Subscriber Insurance ☐ Secondary Insurance Information Attached

Subscriber Name / Relationship to Subscriber ☐ Self ☐ Spouse ☐ Dependent

Company Name

Address

City | State | Zip

Employer Name

Subscriber DOB / /	Group/Contract #	Member ID#
Subscriber Sex ☐ Male ☐ Female	Medicare #	Medicaid ID#

☐ Medicare patients must review and sign the separate Advanced Beneficiary Notice for services that may not meet Medicare's medical necessity or frequency limitation criteria.

ICD-9 CODE (Required) ☐ Routine Cervical Pap (V76.2) ☐ High-Risk Patient Pap (V15.89) ☐ Routine GYN exam (V72.31) ☐ Diagnostic_____ ☐ Post Hyst. Vag. Pap (V76.47) ☐ Other Sites/Noncervical (V76.49)

CLINICAL INFORMATION

Date of Collection / /

Last Menstrual Period / /

Clinical History
- ☐ Routine examination
- ☐ Repeat Pap
- ☐ Pregnant (weeks _____)
- ☐ Post partum (weeks _____)
- ☐ Postmenopausal (years _____)
- ☐ Estrogen replacement therapy
- ☐ Depo-Provera®
- ☐ Birth control pills
- ☐ Previous GYN malignancy
- ☐ Cigarette smoker
- ☐ History of HPV or dysplasia
- ☐ Abnormal vaginal bleeding
- ☐ Immunosuppressed
- ☐ Total hysterectomy
- ☐ Supracervical hysterectomy
- ☐ IUD
- ☐ Other_____

High-Risk Data
- ☐ DES exposure
- ☐ Early onset of sexual activity
- ☐ Multiple sexual partners
- ☐ History of STDs
- ☐ No Pap last 7 yrs or <3 neg Paps
- ☐ Abnormal Pap within last 3 years

CYTOLOGY

Specimen Source
☐ Endocervical/cervical ☐ Vaginal ☐ Other _____

Pap Test
☐ ThinPrep® ☐ Conventional/Slide ☐ No Pap
☐ DNAwithPap™ (High-risk HPV with Pap for women age 30 and over)

Must check **ONE TEST** *and* **ONE PROBE**

HPV Tests
- ☐ Reflex on ASC-US only
- ☐ Reflex on ASC-US and above
- ☐ Reflex on other _____ (Please specify)
- ☐ HPV on all results
- ☐ HPV only (No Pap)

HPV Probes*
- ☐ High-Risk Only
- ☐ High- & Low-Risk

** If no probe is checked, only the high-risk probe will be performed.*

Molecular Tests
- ☐ Chlamydia (CT) & Gonorrhea (NG) Screen
  - ☐ Reflex Positive NG[1, 2]
- ☐ NG Only
- ☐ NG Confirmation[2]
- ☐ CT Only

[1] *Reflex Positive NG must be checked if you want this test performed as a result of a positive test.*
[2] *Differentiates gonorrhea from non-gonococcal Neisseria*

- ☐ HSV 1&2
- ☐ HSV (positive or negative)
  - ☐ Reflex Genotyping
- ☐ Group B Strep
- ☐ Vaginitis Panel (all three organisms)
- ☐ Trichomonas only
- ☐ Candida only
- ☐ Gardnerella only

Other ☐ NonGYN _____

Genetic Tests
☐ Cystic Fibrosis
Family History: ☐ Pos ☐ Neg

Ethnicity: ☐ Ashkenazi Jewish ☐ Caucasian ☐ Hispanic ☐ African-American ☐ Asian ☐ Other _____

Previous Cytology/HPV History

DATE	NEGATIVE	UNSAT	ASC-US	ASC-H	AGC	LSIL	HSIL	MALIGNANT	HPV
/ /									
/ /									
/ /									
/ /									

HISTOLOGY

Date of Collection / /

Clinical History/Preoperative Diagnosis

Clinical Findings/Postoperative Diagnosis

Tissue Submitted (List specimen source)

1. _____
2. _____
3. _____
4. _____
5. _____

LABORATORY USE ONLY

C.T.	Q.C.	PATH.

01/05 0007RAJ

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PLACE ON GYN BAG
0071