

PLEASE CHECK BOXES (DO NOT USE HIGHLIGHTER)



Clinical Laboratories
600 Highland Ave., Madison WI 53792-2472
(608) 263-7060

(May affix patient label)

Form with fields: Patient Name (Last, First, MI), Collect Date, Collect Time, MR#, DOB, Sex: M F, Ordering Location, Patient Address, Billing/Authorizing Provider (First and Last Name), Patient Phone, Ordering Provider (Only if different), Insurance Coverage, Payor Name, Plan Name, Group #, Member #, Subscriber Name, Subscriber #, Subscriber Address.

ICD-10 Code(s) must be provided: Z12.4 Encounter for screening for malignant neoplasm of cervix, Z01.419 Encounter for gynecological examination (general) (routine) without abnormal findings, Z01.411 Encounter for gynecological examination (general) (routine) with abnormal findings, Z01.42 Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

FORM MUST BE COMPLETELY FILLED OUT WITH ALL INFORMATION REQUESTED

CYTOLOGY ACCESSION STICKER PLACED HERE, SIGNS and SYMPTOMS- RELEVANT HISTORY

GYNECOLOGICAL (PAP TESTS ONLY) NON-GYNECOLOGICAL

REQUIRED FOR PROCESSING- PLEASE CHECK ONE
SPECIMEN SITE:
Reflex HPV Typing (High Risk)- from Thin Prep Only:
MENSTRUAL STATUS:
ADDITIONAL CLINICAL HISTORY:
PREVIOUS PROCEDURE:

CALL 263-3205 TO REQUEST FINE NEEDLE ASPIRATION. DO NOT ADD HEPARIN TO SPECIMENS
PROCEDURE (Check one box):
LOCATION (Check all that apply):
SPECIMEN TYPE (Check one box):