FAIRVIEW

Fairview Diagnostic Laboratories

CYTOPATHOLOGY

420 Delaware St. S.E. MMC 76-Mayo
Minneapolis MN 55455 (612) 273-5920

Accession Label
Lab Use Only

Acct No.	
Clinic Name/	Phone
Address:	
City-State-Zip:	

PERTINENT CLINICAL HISTORY:

Collection Date:_____

- ☐ Discharge 623.5
- ☐ Pregnancy V22.0 or V22.1
- ☐ Post Partum V24.2
- ☐ Irregular Menstrual Cycle 626.4
- ☐ Irregular Inter-menstrual Bleeding 626.6
- ☐ Abnormal Bleeding 626.8
- ☐ Oral Contraceptive Pills V15.7
- ☐ Depo Provera V15.7
- ☐ Hormone Replacement Therapy V07.4
- ☐ Hysterectomy (specify) V45.77
  - ☐ complete
  - ☐ partial (cervix intact)
- ☐ Post Menopausal V49.81
- ☐ Radiation
- ☐ Other: _____

Last Name	First Name:	MI:
Date of Birth	Patient ID	
Address	City State Zip:	
Physician:	NPI	UPIN

Source: ☐ **Cervical** ☐ **Vaginal** ☐ **Endocervical**

LMP Date:_____/_____/_____

ICD-9 Coding / Diagnosis:

BILL TO: ☐ **CLINIC** ☐ **INSURANCE** ☐ **PATIENT**

Complete insurance information must be provided or Clinic will be billed.
Specify 1 (primary), 2 (secondary), etc. in "#" box next to insurance information to indicate order of payers.

#	MEDICARE No.	#	MEDICAID No.	State

INSURANCE

#	Insurance Co Name:	#	Insurance Co Name:
ID#:	Group #:	ID#:	Group #:
Insurance Address:		Insurance Address:	
City:	State: Zip:	City:	State: Zip:
Name of Insured:	Relationship to Patient	Name of Insured:	Relationship to Patient

Choose either Screening or Diagnostic Pap test

Screening PAP

- ☐ **PITLS** Thin Layer **Imaged** Screening PAP (G0145)
- ☐ Thin Layer Screening PAP (G0123)
- ☐ Screening PAP smear (P3000)
  - ☐ Routine Pap
  - ☐ Contraceptive Management
  - ☐ Repeat For:
    - ☐ Unsatisfactory Specimen
- ☐ Medicare High Risk Screen (P3000)
- ☐ Thin Layer Medicare High Risk PAP (G0123)

NOTE: If ordering a Screening PAP on a Medicare patient, a signed ABN must be attached.

Screening and Diagnostic test definitions may be found online at:

Diagnostic PAP

- ☐ **PITLD** Thin Layer **Imaged** Diagnostic PAP (88175)
- ☐ Thin Layer diagnostic PAP (88142)
- ☐ Diagnostic PAP smear (88164)
  - ☐ Repeat for Abnormal
  - ☐ History of Genital Organs Cancer
  - ☐ Other Reasons

Previous Results **Date:**

- ☐ Normal _____
- ☐ Benign Cellular Changes (RCC) _____
- ☐ Abnormal _____
  - ☐ ASCUS_____
  - ☐ LGSIL _____
  - ☐ HSIL(+) _____
- ☐ Colposcopy _____
- ☐ Surgery _____

Human Papilloma Virus Molecular Analysis

On-line information at
http://www.fairview.org/hpv/

PCR HPV Testing:

- ☐ HPV only
- ☐ Reflex to HPV, if PAP result is ASCUS
- ☐ HPV regardless of PAP result

Diagnosis / ICD-9:

_____

_____

☐ CT Findings_____

http://labguide.fairview.org/showtest.asp?testid=821 (screening) or http://labguide.fairview.org/showtest.asp?testid=4126 (diagnostic)

If ordering a screening PAP on a Medicare Patient, please send a signed ABN

Rev 10-2010 NOTE: Test protocols may be found online for Pap Tests (screening and diagnostic) and HPV.