PHYSICIANS LABORATORY, P.C.

4840 "F" STREET • OMAHA, NE 68117 • (402) 731-4145 • FAX (402) 731-8653 • 800-642-1117
7441 "O" STREET, SUITE 100 • LINCOLN, NE 68510 • (402) 488-7710 • FAX (402) 488-6941

PLEASE PRINT

PATIENT LAST NAME | FIRST | MI | PATIENT PHONE NUMBER

PATIENT ID / CHART NO.

DATE OF BIRTH / SEX

SPECIMEN DATE

TIME DRAWN A.M. P.M.

FASTING YES ☐ NO ☐

COMPLETION OF THIS SECTION AUTHORIZES PHYSICIANS LABORATORY TO BILL THE PATIENT DIRECTLY OR THE FOLLOWING INSURANCE CO.

☐ MEDICARE ☐ MEDICAID

INSURER _____

ID NO. _____

GROUP NO. _____

☐ INSURANCE INFORMATION ATTACHED

PATIENT ADDRESS

CITY

ST ZIP CODE

MEDICARE WAIVER SIGNED ☐ YES ☐ NO

BILL TO: ☐ Client Account ☐ INSURANCE: List info above & DX code ☐ PATIENT: List address above & DX code

Physician _____
FIRST & LAST NAME

ICD 10 / DX:

HISTOLOGY TISSUE SPECIMENS

SOURCE OF SPECIMEN(S):

A: _____

B: _____

C: _____

D: _____

E: _____

F: _____

G: _____

H: _____

PROCEDURE(S) PERFORMED

_____

_____

_____

CLINICAL / HISTORY

(Please attach OP Note & H&P)

_____

_____

_____

_____

_____

ICD 10 / DX:

PAP TESTING

SOURCE OF SPECIMEN:

☐ Cervix ☐ Vagina ☐ Endocervix

☐ Other _____

CLINICAL / HISTORY

Date of LMP: _____ ☐ Post Menopausal

☐ Contraceptive/ IUD: _____
(Type)

Hormone Therapy:
☐ Estrogen ☐ Progesterone ☐ None

Abnormal Bleeding?
☐ Yes ☐ No

Previous Pap(s) / Biopsy(s):

_____

PAP TESTING w/AUTO REFLEX

☐ 3616 Pap, ThinPrep® w/ Reflex to HPV (ACOG)
☐ 3615 Pap, ThinPrep® Image w/ Reflex to HPV (ACOG)
☐ 3863 Pap, ThinPrep® Image w/ Reflex to HPV (ACOG) +Chlamydia/GC
☐ 3864 Pap, ThinPrep® Image w/ Reflex to HPV (ACOG) + Chlamydia/GC/Trich

PAP TEST ONLY

☐ 3515 Pap, ThinPrep® Computer Imaging
☐ 3516 Pap, ThinPrep®
☐ 3417 Pap, Conventional

ICD 10 / DX:

HPV / OTHER TESTING

HPV TEST ONLY

☐ 7613 HPV High Risk Only
☐ 7614 HPV High Risk w/ Reflex to 16/18 Genotype

HPV REFLEX TESTING

☐ HPV High Risk Screen if ASC-US
☐ HPV High Risk Screen Any Diagnosis
☐ HPV High Risk Screen w/ Reflex to 16/18 Genotype if ASC-US
☐ HPV High Risk Screen w/ Reflex to 16/18 Genotype Any Diagnosis

OTHER TESTING

☐ 2082 Chlamydia/GC Liquid Based Vial
☐ 1987 Trichomonas Liquid Based Vial
☐ 2000 Chlamydia/GC/Trich Liquid Based Vial

NON-GYN CYTOLOGY

SOURCE OF SPECIMEN(S):

☐ BAL
☐ Breast Secretion: ☐ Left ☐ Right
☐ Bronchial Brushing: ☐ Left ☐ Right
☐ Bronchial Washing: ☐ Left ☐ Right
☐ Peritoneal Fluid
☐ ECC
☐ Lymph Node/ Source: _____
☐ Pleural Fluid: ☐ Left ☐ Right
☐ Sputum
☐ Synovial Fluid/ Source: _____
☐ Thyroid: ☐ Left ☐ Right
☐ Urine/ Collection Method: _____
☐ Fine Needle Aspiration/ Source: _____
☐ Misc Fluid or Smear/ Source: _____

CLINICAL / HISTORY

_____

_____

FOR INTERNAL USE ONLY

Test	CPT	Test	CPT	Test	CPT	Test	CPT
_____	88300 ___	_____	88305 ___	_____	88311 ___	_____	88331 ___
_____	88302 ___	_____	88307 ___	_____	88312 ___	_____	88332 ___
_____	88304 ___	_____	88309 ___	_____	88313 ___	_____	88342 ___

CLIA - 28D0652608 Medicare - 093162

ACOG (Rev. 8/19)

STANDARD PRINTING COMPANY – OMAHA, NE 133943 PLP0106

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INSURER _____

ID NO. _____

GROUP NO. _____

☐ INSURANCE INFORMATION ATTACHED

PATIENT ADDRESS

CITY

ST | ZIP CODE

MEDICARE WAIVER SIGNED ☐ YES ☐ NO

TIME DRAWN A.M. P.M. | FASTING YES ☐ NO ☐

BILL TO: ☐ Client Account ☐ INSURANCE: List info above & DX code ☐ PATIENT: List address above & DX code

Physician _____
FIRST & LAST NAME

ICD 10 / DX:

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PROCEDURE(S) PERFORMED

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CLINICAL / HISTORY

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☐ Synovial Fluid/ Source: _____
☐ Thyroid: ☐ Left ☐ Right
☐ Urine/ Collection Method: _____
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CLINICAL / HISTORY

_____
_____

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Test	CPT	Test	CPT	Test	CPT	Test	CPT
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_____	88302 ___	_____	88307 ___	_____	88312 ___	_____	88332 ___
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SUMMARY OF ACOG CERVICAL CANCER SCREENING RECOMMENDATIONS

Age of Patient	Pap	HPV High Risk Screen	HPV Genotype 16/18
Age <21	Not Recommended	Not Recommended	Not Recommended
Age 21-29	Pap every 3 years	HPV High Risk Screen if Pap is ASCUS	Not Recommended
Age 30-65	If screening only by Pap, testing is recommended every three years.	Preferred Method ~ Co-testing using the combination of Pap and HPV High Risk Screen. Test again in 5 years if both results are negative and patient is low-risk.	If the Pap result is normal and the HPV High Risk Screen is positive, HPV 16/18 Genotype is recommended.
Age >65	Screening should be discontinued after age 65 for women with adequate negative prior screening results and no history of CIN2 or higher.		

PAP W/ REFLEX TO HPV PER ACOG GUIDELINES

Criteria for reflex Testing:

- Age 30-65: Co-testing ~ Pap plus HPV High Risk Screen. If Pap is normal and HPV High Risk Screen is positive, a reflex to HPV 16/18 Genotype will be performed.
- Age 21-29: Pap performed. If Pap result is ASCUS, reflex to HPV High Risk Screen.

3615 Pap, ThinPrep® Image w/ Reflex to HPV (ACOG Guidelines)
3616 Pap, ThinPrep® w/ Reflex to HPV (ACOG Guidelines)
3617 Pap, SurePath™ w/ Reflex to HPV (ACOG Guidelines)

** NOTE: Tests 3615, 3616 and 3617 will not reflex to HPV testing for patients less than 21 years of age and greater than 65 years of age. Please call client services if you would like to add on HPV testing.

SITUATIONS WHERE HPV DNA TESTING & GENOTYPING ARE NOT RECOMMENDED

~Per ASCCP HPV Genotyping Clinical Update~

- Adolescents, defined as women 20 years and younger (regardless of their Cytology results).
- Women 21 years and older with ASC-H, LSIL, or HSIL cytology (note: “reflex” HPV testing is acceptable in postmenopausal women with LSIL)
- Routine screening in women before the age of 30 years
- In women considering vaccination against HPV
- For routine STD Screening
- As part of a sexual assault workup
- HPV genotyping is not recommended for women with ASC-US
- HPV is not recommended as the initial screening test for women 30 years and older

REFERENCES

1. American College of Obstetricians and Gynecologists. Screening for Cervical Cancer. ACOG Practice Bulletin. No. 131, November 2012.
2. Cervical Cancer Screening Guidelines for Average-Risk Women, 2012, http://www.cdc.gov/cancer/cervical/pdf/guidelines.pdf
3. HPV Genotyping Clinical Update. 2009, American Society for Colposcopy and Cervical Pathology.
4. Saslow, D et al. ACS-ASCCP-ASCP Screening Guidelines. Journal of Lower Genital Tract Disease, Volume 16, Number 3, 2012, p. 4.

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