Anatomical & Clinical Pathology
Bio-Path Medical Group
17150 Newhope Street, Suite 117
Fountain Valley, CA 92708
714-433-1330
FAX 714-755-2984

CYTOLOGY / BIOPSY TEST REQUISITION

CALIFORNIA LAW REQUIRES THE FOLLOWING INFORMATION BE COMPLETED AND ALL SPECIMENS BE LABELED WITH PATIENT'S NAME

PATIENT INFORMATION

NAME LAST	FIRST	M.I.	DATE OF BIRTH	SEX M F	SOCIAL SECURITY NUMBER

PHONE ( )	CHART #

STREET	APT. NO.	CITY	STATE	ZIP

BILLING INFORMATION

- ☐ BILL INSURANCE (COPY CARD AND ATTACH) ☐ ADOC IPA
- ☐ BILL CLIENT
- ☐ BILL PATIENT DIRECTLY
- ☐ BILL PATIENT'S VISA, M/C _____
  Exp. Date _____ Authorized Signature _____
- ☐ EDINGER MEDICAL GROUP IPA
- ☐ BILL MEDI-CAL (COPY CARD AND ATTACH)
- ☐ **BILL MEDICARE (COPY CARD AND ATTACH)**
  HCFA REQUIRES THE PHYSICIAN TO PROVIDE THE PROPER ICD-9 CODE(S) ON MEDICARE SPECIMEN(S). ABN FOR PAP SMEARS MUST BE SIGNED BY PATIENT AT TIME OF SERVICE.

CYTOLOGY REQUEST

DATE OBTAINED _____ DATE OF LMP _____

PAP SMEAR ICD-9 _____ _____ _____ _____

TEST / SPECIMEN TYPE

- ☐ PAP (Conventional Slide)
- ☐ THIN PREP® PAP TEST™

TESTING REQUESTED

- ☐ THIN PREP® PAP TEST™ REFLEX TO HPV HYBRID CAPTURE® (HIGH RISK) WITH ASC-US
- ☐ CHLAMYDIA AMP. PROBE (THIN PREP® SPECIMEN ONLY)
- ☐ N. GONORRHEAE, AMP. PROBE (THIN PREP® SPECIMEN ONLY)

SPECIMEN SOURCE

GYN
- ☐ **VAGINAL**
- ☐ **CERVIX**
- ☐ **ENDOCERVIX**

NON-GYN
- ☐ BREAST ☐ THYROID ☐ URINE ☐ SPUTUM
- ☐ HSV SMEAR ☐ GASTRIC BRUSHING ☐ ESOPHAGEAL BRUSHING
- **BRONCHIAL:** ☐ WASHING ☐ BRUSHING ☐ B.A.L.
- ☐ OTHER _____

☐ REQUEST MATURATION INDEX (Vaginal Smear Only)

CLINICAL HISTORY

- ☐ PRIOR REPORT No.and/or ABNORMAL DIAGNOSIS _____
- ☐ PREGNANT _____ Wks
- ☐ POST PARTUM _____ Wks
- ☐ ABNORMAL BLEEDING
- ☐ HYSTERECTOMY
  DATE: _____
- ☐ POST MENOPAUSAL
- ☐ HORMONAL THERAPY
- ☐ RADIATION
- ☐ SURGERY: DATE: _____
  TYPE: _____
- ☐ BC PILLS
- ☐ IUD

BIOPSY REQUEST

DATE OBTAINED _____

SPECIMEN SITE(S)	ICD-9
SITE 1 _____	_____
SITE 2 _____	_____
SITE 3 _____	_____
SITE 4 _____	_____

CLINICAL DIAGNOSIS / HISTORY

FOR LABORATORY USE

TECH DATE

Q.C. DATE

M.D. DATE

REV. 11/03