

Numbers of topics indicate the position on the requisition and are diagramed on the reverse side.

1. Your site demographic information will be pre-printed in this area.
 - a. Indicate the **Ordering Provider**.
2. If not pre-printed, indicate your billing preference.
3. The date of collection must be furnished for compliance requirements and for comparison with LMP.
4. Complete patient information/demographics including name, date of birth, gender, address and phone.
5. If Allina Health Laboratory is to bill insurance, complete all insurance information, or check the attachments included box and include a face sheet, or a copy of the front and back of the insurance card.
6. Document diagnosis code(s) here (in addition to any codes documented in step #18).
7. If documentation of test(s) and reason for testing does not appear in the patient's medical record, the physician or designee's signature must be provided.
8. MEDICARE patients: Medicare pays for screening Pap tests every 2 years (includes hysterectomy patients). Medicare pays for High-Risk Screening and Diagnostic Pap tests yearly. If you have questions regarding diagnosis codes, etc., check with your coding educator. If the screening interval does not meet Medicare guidelines, an Advance Beneficiary Notice (ABN) must be signed by the patient.
9. Indicate whether or not the patient has an abnormal PAP or Colp biopsy in the previous 5 years.
10. Indicate the patient's menstrual status
11. Enter the date of LMP (last menstrual period). This is very important in interpreting the changes seen in the Pap test, especially the presence of endometrial cells
12. Enter the date of the patient's last Pap test
13. Indicate the result of the patient's last Pap test.
14. Indicate whether or not a Colp/Bx was done today.
15. Indicate your HPV request
 - HPV **and** Pap – use this selection if you desire HPV testing no matter what the ThinPrep pap results.
 - HPV if ASCUS – HPV testing is done **ONLY** if the pap result is ASCUS.
 - HPV not requested

*If an HPV Test **Only** (no Pap) is desired, the testing should be ordered using an Allina Health Laboratory Molecular Diagnostics request form.*

16. Enter any additional pertinent information
17. Indicate the source of specimen collection
18. Indicate Imaged ThinPrep® Screen or Imaged ThinPrep® Diagnostic.
 - If Imaged ThinPrep® **Screen** is indicated, you must also indicate the appropriate indication (Low Risk V76.2, High Risk V15.89, Hysterectomy-Non Malignant V76.47, V45.77 or Hysterectomy-Malignant (note organ/type).
 - Low Risk - No Significant risk factors
 - High Risk - Based on behavioral risk factors that place patient at a high risk for developing cervical cancer – i.e. sexual encounter at an early age (less than 16), multiple male sexual partners (five or more in a lifetime), smoking, history of sexually transmitted disease (including HIV) and immunosuppressed patients. Also, fewer than three negative Pap tests within the previous 7 years and daughters of women who used DES (Diethylstilbestrol) during pregnancy.
 - Hysterectomy – Non-malignant
 - Hysterectomy – Malignant (include organ/type)
 - If Imaged ThinPrep® **Diagnostic** is indicated, you must include the diagnosis. Previous cancer of the female genital tract, previous abnormal Pap test, abnormal or suspicious findings of the female genital tract upon physical exam, or signs or symptoms the physician believes may be related to a gynecological disorder.

If you have any questions, contact your Allina Health Laboratory Account Representative for assistance.

Cytology gynecological (Cervical/Vaginal) requisition instructions



ALLINA HEALTH LABORATORY
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Your site/account information will be pre-printed in this area

1

BILL TO (MUST CHECK ONE): CLIENT PATIENT/INSURANCE

DATE & TIME COLLECTED DRAWN BY

3

PATIENT NAME: Last, First Middle CHART #

GENDER: Male Female DATE (mm-dd-yyyy)

4

PATIENT ADDRESS: Street and city

STATE ZIP PATIENT PHONE ()

Attachments included for insurance information

MEDICARE

MEDICARE SECONDARY PAYER (MSP) INFORMATION REQUIRED. For Medicare patients with open WC or MVA claims, is this testing related to claims? YES (additional claim information needs to be filled in below) NO

MEDICAL ASSISTANCE NUMBER

5

INSURANCE CO. NAME

POLICY HOLDER'S NAME RELATIONSHIP OF PATIENT TO INSURED: Self Spouse Dependent Other

SUBSCRIBER ID # GROUP #

7

PROVIDER SIGNATURE

Dx1 Dx2 Dx3 Dx4

6

Medical Necessity Statement: Tests ordered on Medicare patients must follow CMS rules regarding medical necessity and FDA approval guidelines, and must include diagnosis, symptom, or reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment, a "signed" Advanced Beneficiary Notice must be included. Clinical consultation regarding test ordering is available at 612-863-4670.

*Indicates coverage sensitive tests, ABN or waiver may be required. ABN/Waiver NOT INDICATED ABN/Waiver REQUIRED

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Patient history and clinical findings

Abnormal Pap or Colp Bx in past 5 years? No Yes

9

Menstrual status:
 Ablation Hysterectomy – cervix present Postpartum
 Abnormal bleeding Irregular periods Pregnant
 Hormonally suppressed Perimenopausal Regular periods
 Hysterectomy – cervix absent Postmenopausal

10

Date of last menstrual period (LMP): _____

11

Date of last Pap: _____

12

Last Pap result:
 ADCA ASCUS NIL
 AGC First Pap/Unknown SQCA
 AIS HSIL UNS
 ASC-H

13

Colp/Bx done today? No Yes

14

HPV request: HPV and PAP HPV if ASCUS HPV not requested

15

Additional Information: _____

16

SOURCE: Cervical (89) Cervical/vaginal (91) Vaginal (536)

17

Diagnosis options Routine screening diagnosis will be default if no diagnosis is indicated

Imaged ThinPrep® Screen (6293D)*: Check (one) diagnosis
 Low Risk Z12.4
 High Risk Z91.89
 Hysterectomy – Non-malignant Z12.72, Z90.79
 Hysterectomy – Malignant; Organ/Type: _____
 Imaged ThinPrep® Diagnostic (LAB6293C):
 Dx: _____

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Affix RQ label here