



LAB07

ALLINA HEALTH LABORATORY
GYNECOLOGICAL (Cervical Vaginal)
CYTOLOGY REQUEST
2800 10th Ave. S., Ste 2000, Minneapolis, MN 55407
Phone: 612-863-4678 • Fax: 612-863-4067
www.allinahealth.org/laboratory

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

[] MEDICARE SECONDARY PAYER (MSP) INFORMATION REQUIRED. (INTERNAL USE ONLY) MSP status has been verified with beneficiary or representative within 90 days of service and documentation is on file. [] MSP Collected

Submitter: XADO (Opt OUT/Non-Participating Patient)

Facility Name: []

Address: []

Phone: []

Complete Provider Name: []

-AND-

Provider Allina Health ID Number: []

-OR-

Provider NPI Number: []

[X] Fax report to () -

INSURANCE
DATE & TIME COLLECTED - REQUIRED
SOCIAL SECURITY # [] MALE [] FEMALE BIRTH DATE (MM-DD-YYYY)
PATIENT NAME (LAST) (FIRST) (M.I.) CHART #
PATIENT ADDRESS (STREET and CITY)
STATE ZIP PATIENT PHONE ()
[] MEDICARE PRIMARY [] MEDICARE SECONDARY
MEDICARE
MEDICAL ASSISTANCE STATE
INSURANCE CO. NAME RELATIONSHIP OF PATIENT TO INSURED
[] SELF [] SPOUSE [] DEPEND. [] OTHER
POLICY HOLDER'S NAME POLICY HOLDER DATE OF BIRTH (IF NOT PATIENT)
SUBSCRIBER ID # GROUP #
Dx1 Dx3 PHYSICIAN SIGNATURE
Dx2 Dx4 REFERRING PHYSICIAN
[] ABN NOT INDICATED [] ABN INCLUDED
*Indicates coverage sensitive tests, ABN may be needed.
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 provided at 612-863-4670.

PATIENT HISTORY & CLINICAL FINDINGS

Date of Last Menstrual Period: _____

Check all that apply:

- [] Colposcopy/biopsy today [] IUD
[] Abnormal bleeding [] Pregnant
[] Hormone usage - Specify _____ [] Postpartum
[] Hysterectomy; If hysterectomy, cervix present? [] Menopause
[] Yes [] No
[] Previous Pap Date: _____ Result: _____
[] Previous Colpo/Bx Date: _____ Result: _____
[] Cryo/laser Diagnosis: _____
[] Chemo/radiation Diagnosis: _____

Appearance of cervix (describe):

Other pertinent clinical information:

TESTS and 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: _____

HPV Test (Includes High/Intermediate risk types only)

- [] Reflex HPV test if diagnosis is ASCUS
[] HPV Test and Pap
[] ThinPrep® Pap Only (no HPV)

HPV Test only (No Pap): Use Molecular request

Affix
RQ Label
Here