The Delta Pathology Group, L.L.C.

Alexandria
211 Fourth St.
Alexandria, LA 71301
318-769-3нмф Tel
318-769-3флт Fax

Lafayette
4801 Ambassador Caffery
Lafayette, LA 70508
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337-470-4051 Fax

Monroe
309 Jackson St.
Monroe, LA 71201
318-966-4105 Tel
318-966-4423 Fax

Greater New Orleans
1141 Whitney Ave. Bldg 3
Gretna, LA 70056
504-361-3757 Tel
504-361-3132 Fax

Shreveport
2915 Missouri Ave.
Shreveport, LA 71109
318-621-8820 Tel
318-212-4189 Fax

Toll Free:
1-800-530-5088

CYTOPATHOLOGY REQUISITION

PATIENT INFORMATION

Last Name First MI

Address

City State ZIP

Social Security Number ☐ Male ☐ Female Date of Birth

Medical Record Number Phone Number

CLIENT INFORMATION

Physician CC:

BILLING INFORMATION

BILL TO: ☐ Doctor/Clinic ☐ Patient ☐ Medicare ☐ Medicaid ☐ Other

Subscriber Name Primary Care Physician

Medicare Number Suffix(es)

Copy of FRONT & BACK of Cards Preferred

Medicaid Number State

Policy Number Group Number

Primary Insurance Company

Address

Secondary Insurance Company Policy Number Group number

Address

CLINICAL INFORMATION

- ☐ Pregnant
- ☐ Post Partum
- ☐ Perimenopausal
- ☐ Postmenopausal
- ☐ Post Hysterectomy
- ☐ Estrogen ERT
- ☐ Birth Control Pills
- ☐ Depo Provera
- ☐ IUD
- ☐ Yeast
- ☐ Trichomonas
- ☐ Chlamydia
- ☐ Herpes
- ☐ Other

MEDICARE ONLY

Advanced Beneficiary Notice (ABN) Required unless the patient has a Medical necessity diagnosis.

☐ Screening PAP
- Low Risk **ABN Required**
  - ☐ With Cervix: V76.2
  - ☐ Without Cervix: V76.49
- High Risk
  - ☐ V15.89

☐ Routine Pap **ABN Required**

☐ Diagnostic Pap **ABN NOT REQUIRED**

DX:

REQUEST FOR CYTOLOGY TESTING / SPECIMEN SOURCE

GYN TESTING REQUESTED:

- ☐ PAP Only
- ☐ PAP & HPV (Regardless of Diagnosis)
  - ☐ High Risk Only
  - ☐ Low & high Risk
- ☐ PAP w/Reflex HPV Testing
  - ☐ ASCUS ☐ High Risk Only
  - ☐ Low & High Risk
  - ☐ ASCUS / Low Grade
  - ☐ High Risk Only
  - ☐ Low & High Risk
- ☐ HPV DNA Only
  - ☐ High Risk
  - ☐ Low & High Risk
- ☐ CHLAMYDIA
- ☐ GONORRHEA

COLLECTION METHOD:

☐ Liquid-Based ☐ Conventional

GYNECOLOGICAL SOURCE:

- ☐ Cervix/Endocervix (Provide LMP) ____
- ☐ Vaginal Cuff
  - ☐ Maturation Index Required
- ☐ Other

Collection date/time

_____ ☐ AM ☐ PM

NONGYNECOLOGICAL SOURCE:

- ☐ Breast Nipple Discharge ☐ R ☐ L
- ☐ Bronchial Brushing ☐ R ☐ L
- ☐ Bronchial Washing ☐ R ☐ L
- ☐ CSF
- ☐ FNA _____
- ☐ Pericardial Fluid
- ☐ Peritoneal Fluid
- ☐ Pleural Fluid
- ☐ Sputum
- ☐ Tzanck Smear _____ source
- ☐ Urine ☐ Bladder Washing
- ☐ Other _____

CLINICAL INFORMATION:

HIGH RISK FACTORS FOR CERVICAL CANCER

- ☐ Postmenopausal Bleeding
- ☐ Abnormal Bleeding *Not dysmenorrheal*
- ☐ Cervical Lesion
- ☐ HX GYN CA or Lesion
- ☐ GYN Radiation Therapy
- ☐ Chemotherapy
- ☐ Immunocompromised
- ☐ V15.89 Specified personal HX presenting hazards to health

Other:

ABNORMAL PAP HISTORY: Yes ☐ No ☐

DX _____ Date _____ Lab# _____

DX _____ Date _____ Lab# _____

GYN TISSUE HISTORY:

DX _____ Date _____ Lab# _____

DX _____ Date _____ Lab# _____

CLINICAL INFORMATION:

Print