The Delta Pathology Group, L.L.C.

Shreveport
2915 Missouri Ave
Shreveport, LA 71109

Monroe
309 Jackson Street
Monroe, LA 71201

Lafayette
4600 Ambassador Caffery
Lafayette, LA 70508

Alexandria
211 Fourth Street
Alexandria, LA 71301

Meridian
1512 20th Ave
Meridian, MS 39301

Greater New Orleans
5525 Mounes Street
New Orleans, LA 70123

Toll Free
1-800-530-5088
Phone
318-364-2000
Fax
318-631-4212

CYTOPATHOLOGY (GYN) TEST REQUISITION

Patient Demographics (Affix Patient label in this section)

Last: First:

SS# | Gender | DOB

Address

City | State | Zip

Phone – (Home) | Phone – (Other)

Submitting Physician:

Date of Collection: | **Time Collected:**

Billing Information

Insurance: ☐ Private ☐ Self Pay ☐ Medicare ☐ Medicaid
(For convenience- a copy of the insurance card may be attached to the requisition.)
Insurance Company Name & Address

Policy #

Insured Name

Relationship to insured

Specimen Type/Source

Type: ☐ Liquid-Based ☐ Conventional

Gynecological Source:

☐ Cervix/Endocervix ☐ Vaginal Cuff

Clinical Information

Hysterectomy: ☐ No ☐ Yes-total ☐ Yes-supracervical

LMP: _____ (required)

☐ Well Woman Exam
☐ Pregnant
☐ Post Partum
☐ Perimenopausal
☐ Postmenopausal
☐ Birth Control Pills
☐ IUD
☐ High Risk Hx (multiple partners)
☐ Depo Provera
☐ Yeast
☐ Trichomonas
☐ Estrogen ERT
☐ Chlamydia
☐ Herpes
☐ Prev.Abnormal Pap Smear
☐ Repeat Pap Smear

APPLICABLE ICD-10 CODES:

_____

_____

ADDITIONAL COMMENTS:

_____

_____

_____

_____

_____

Request for Cytology Test on ThinPrep Vial

[ ] **PAP only**

[ ] **PAP & HIGH RISK HPV WITH 16/18 GENOTYPING REGARDLESS OF DIAGNOSIS**

[ ] **PAP WITH REFLEX HIGH RISK HPV WITH 16/18 GENOTYPING BASED ON DIAGNOSIS**

- ☐ **ASCUS**
- ☐ **ASCUS / LOW GRADE**
- ☐ **ANY EPITHELIAL ABNORMALITY**

[ ] **HIGH RISK HPV WITH 16/18 GENOTYPING only**

Request for Infectious Disease Testing on ThinPrep Vial

***ICD CODE REQUIRED:** _____

[ ] **GONORRHEA**

[ ] **CHLAMYDIA**

[ ] **BACTERIAL VAGINOSIS PANEL** (includes Candida, Trichomonas and Gardnerella)

[ ] **TRICHOMONAS**

[ ] **HSV 1&2**

[ ] **Other:** _____

*An ICD code is required to document medical necessity for ancillary testing which is applicable to this individual patient. Infectious disease testing is not considered part of the well woman exam and Z01.419 is not sufficient to document medical necessity.

Common applicable codes for infectious disease testing include but are not limited to:

N72.0 Inflammatory disease of the cervix
N76.0 Acute vaginitis
N76.1 Subacute and chronic vaginitis
R10.2 Pelvic and perineal pain
R30.0 Dysuria

MEDICARE ONLY: Advanced Beneficiary Notice (ABN) required unless the patient has a medical necessity diagnosis.

☐ **Routine / Screening/ Well Woman**

Diagnosis / ICD 10 CODE: _____

☐ **Diagnostic Pap History of Abnormality / Signs of Medical Necessity**

Diagnosis / ICD 10 CODE: _____

For Lab use only:

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