SLUCare Physician Group

SLUCare PATHOLOGY LABORATORIES

CYTOLOGY REQUISITION

CYTOLOGY LABORATORY • 1402 S. GRAND BLVD., ST. LOUIS, MO 63104 • P: 314-577-8696 • F: 314-577-8698

REQUESTING LOCATION:	COLLECTION DATA:		
SUBMITTING LOCATION:	NAME:		
ATTENDING PHYSICIAN:	IDX MRN #:	DOB:	DIAGNOSIS CODE:

GYN PAP

SPECIMEN SOURCE: (CHECK ALL THAT APPLY)

☐ VAGINAL WALL ☐ CERVIX ☐ ENDOCERVIX ☐ OTHER

PAP TEST: (CHECK ALL THAT APPLY)

☐ 88175 IMAGE ASSISTED THINPREP® PAP

☐ 88142 NON-IMAGE ASSISTED THINPREP® PAP

☐ 88164 CONVENTIONAL PAP SMEAR

ANCILLARY TEST: (CHECK ALL THAT APPLY)

☐ 87621 HIGH RISK HPV

☐ 87621 REFLEX HIGH RISK HPV - ASCUS DIAGNOSIS ONLY

☐ 87661 T. VAGINALIS

☐ 87591 N. GONORRHOEAE

☐ 87491 C. TRACHOMATIS

CLINICAL INFORMATION: (CHECK ALL THAT APPLY)

☐ Z01.419 ROUTINE PAP SMEAR

☐ Z01.411 ROUTINE PAP SMEAR WITH ABNORMAL FINDINGS

☐ MENSTRUAL STATUS: LMP (REQUIRED) _____

☐ PREGNANT ☐ POSTPARTUM ☐ IUD ☐ POSTMENOPAUSAL

☐ HYSTERECTOMY

☐ BIRTH CONTROL

☐ HORMONE THERAPY: _____

☐ RADIATION THERAPY: _____

☐ CHEMOTHERAPY: _____

☐ PREVIOUS ABNORMAL PAP/BIOPSY: _____

☐ PREVIOUS CANCER DIAGNOSIS: _____

☐ OTHER HISTORY/SYMPTOMS: _____

NON GYN / FNA

RESPIRATORY	FLUIDS	URINE	GASTROINTESTINAL TRACT
☐ SPUTUM	☐ PERICARDIAL FLUID	☐ BLADDER (CATHERIZED)	☐ ESOPHAGEAL BRUSH
☐ BRONCHIAL BRUSH	☐ PERITONEAL FLUID	☐ BLADDER (VOIDED)	☐ GASTRIC BRUSH
☐ BRONCHIAL LAVAGE	☐ PERITONEAL WASH	☐ BLADDER (WASH)	CENTRAL NERVOUS SYSTEM
☐ BRONCHIAL WASH	☐ PLEURAL FLUID	☐ RENAL PELVIS	☐ CEREBROSPINAL FLUID

☐ OTHER: SPECIFY SOURCE(S)

☐ FINE NEEDLE ASPIRATION (FNA): SPECIFY SOURCE(S)

PATIENT HISTORY:

OPERATIVE PROCEDURE:

OPERATIVE FINDINGS:

POST-OP DIAGNOSIS: