

### Gyn Cytology/Pathology Testing

PATIENT INFORMATION			REQUESTED BY:
PATIENT LAST NAME:	FIRST NAME:	MI:	
PATIENT DATE OF BIRTH:	AGE:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PROVIDER SIGNATURE:			
COLLECTION DATE/TIME:			
ADDITIONAL COPY OF RESULT TO:			

**BILLING INFORMATION**

Insurance: Hospital  IP  OP  Private Practice  Hospital Owned Practice  Insurance  Medicare (attached ABN)  Medicaid  Uninsured

SEPARATE SHEET SHOWING PATIENT DEMOGRAPHIC INFORMATION MUST BE ATTACHED

**GUIDELINES TESTING OPTIONS**

**WOMEN 21-25 YEARS:** PAP AND CT/GC IN CONJUNCTION. REFLEX TO HPV HIGH RISK IF PAP RESULTS ASCUS.

**WOMEN 26-29 YEARS:** PAP WITH REFLEX TO HPV HIGH RISK IF PAP RESULTS ASCUS.

**WOMEN 30-65 YEARS:** PAP AND HPV HIGH RISK IN CONJUNCTION. REFLEX TO HPV GENOTYPINGS FOR 16, 18/45 IF HPV POSITIVE.

**DIAGNOSTIC INFORMATION (ICD-10)**  
 MARK ALL THAT APPLY FOR TESTING ORDER

**INDIVIDUAL TESTS AND REFLEX OPTIONS**

**PAP TESTING**  
 THIN PREP PAP

**HPV HIGH RISK OPTIONS**  
 ROUTINE HPV HIGH RISK  
 REFLEX IF ASCUS PAP  
 REFLEX IF ASCUS OR LSIL PAP  
 REFLEX IF ANY ABNORMAL PAP

**OTHER TESTS**  
 CHLAMYDIA/GONORRHEA  
 TRICHOMONAS (TRICHOMONAS VAGINALIS)

**HPV GENOTYPING**  
 REFLEX TO HPV GENOTYPING FOR 16, 18/45 IF HPV HIGH RISK IS POSITIVE

**SCREENING**

Z12.4 ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF CERVIX

Z12.72 ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF VAGINA

Z11.3 ENCOUNTER FOR SCREENING FOR INFECTION WITH A PREDOMINANTLY SEXUAL MODE OF TRANSMISSION

Z11.51 ENCOUNTER FOR SCREENING FOR HUMAN PAPILLOMAVIRUS (HPV)

Z11.59 ENCOUNTER FOR SCREENING FOR OTHER VIRAL DISEASES

Z11.8 ENCOUNTER FOR SCREENING FOR OTHER INFECTIOUS AND PARASITIC DISEASES

Z01.411 ENCOUNTER FOR GYNECOLOGICAL EXAMINATION (GENERAL) (ROUTINE) WITH ABNORMAL FINDINGS

Z01.419 ENCOUNTER FOR GYNECOLOGICAL EXAMINATION (GENERAL) (ROUTINE) WITHOUT ABNORMAL FINDINGS

Z91.89 HIGH RISK

**DIAGNOSTIC**

A59.09 OTHER UROGENITAL TRICHOMONIASIS

C539 MALIGNANT NEOPLASM OF CERVIX, UTERI, UNSPECIFIED

N879 DYSPLASIA OF CERVIX, UTERI, UNSPECIFIED

N91.2 AMENORRHEA, UNSPECIFIED

N92.0 EXCESSIVE AND FREQUENT MENSTRUATION (HEAVY)

N92.1 EXCESSIVE AND FREQUENT MENSTRUATION (IRREGULAR)

N92.4 EXCESSIVE BLEEDING IN THE PREMENOPAUSAL PERIOD

N93.8 OTHER SPECIFIED ABNORMAL UTERINE AND VAGINAL BLEEDING

N93.9 ABNORMAL UTERINE AND VAGINAL BLEEDING, UNSPECIFIED

N94.6 DYSMENORRHEA, UNSPECIFIED (PAINFUL MENSTRUATION)

R87.61 ABNORMAL CYTOLOGICAL FINDINGS IN SPECIMENS FROM CERVIX, UTERI

R87.610 ATYPICAL SQUAMOUS CELLS OF UNDETERMINED SIGNIFICANCE ON CYTOLOGIC SMEAR OF CERVIX (ASC-US)

R87.611 ATYPICAL SQUAMOUS CELLS CANNOT EXCLUDE HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION CYTOLOGIC SMEAR OF CERVIX (ASC-H)

R87.612 LOW GRADE SQUAMOUS INTRAEPITHELIAL LESION ON CYTOLOGIC SMEAR OF CERVIX (LGSIL)

R87.613 HIGH GRADE SQUAMOUS INTRAEPITHELIAL LESION ON CYTOLOGIC SMEAR OF CERVIX (HGSIL)

R87.810 CERVICAL HIGH RISK HUMAN PAPILLOMAVIRUS TEST POSITIVE

R87.820 LOW RISK HPV CERVIX

Z77.9 OTHER CONTACT WITH AND (SUSPECTED) EXPOSURES HAZARDOUS TO HEALTH

Z92.89 PERSONAL HISTORY OF OTHER MEDICAL TREATMENT

OTHER \_\_\_\_\_

**GYN CYTOLOGY**

**SPECIMEN SOURCE**  
 CERVICAL/ENDOCERVICAL  VAGINAL  OTHER \_\_\_\_\_

**CLINICAL HISTORY**

LMP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PREVIOUS PAP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PREVIOUS BX DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**CLINICAL INFORMATION (CHECK ALL THAT APPLY)**

ROUTINE  ORAL CONTRACEPTIVES

HIGH RISK  IUD

PREGNANT - HOW MANY WEEKS? \_\_\_\_\_  HORMONE THERAPY

POSTPARTUM - HOW MANY WEEKS? \_\_\_\_\_  DEPO PROVERA

POSTMENOPAUSAL  REPEAT / FOLLOW-UP

HYSTERECTOMY, TOTAL  HPV INFECTION

HYSTERECTOMY, W/INTACT CERVIX

HISTORY OF ABNORMAL PAP - SPECIFY \_\_\_\_\_

OTHER \_\_\_\_\_

**CYSTIC FIBROSIS SCREENING**

CYSTIC FIBROSIS SCREEN\* REPRODUCTIVE PARTNER CF CARRIER?  YES  NO

BLOOD

PATIENT FAMILY HX OF CF?  YES RELATIONSHIP: \_\_\_\_\_  NO

ETHNICITY:  CAUC  AM IND  HISP  AFR AM  ASIAN  OTHER

ICD-10 CODE \_\_\_\_\_

\* Pathologist interpretation performed unless otherwise stated

**TISSUE / SURGICAL**  
**GYNECOLOGIC HISTOLOGY (DIAGRAM)**

A. ENDOCERVICAL CURRETAGE - ECC

B. ENDOMETRIAL BIOPSY - EMB

C. CERVICAL BIOPSY

D. CERVICAL CONE

E. LABIAL BIOPSY

F. LEEP - ANTERIOR

G. LEEP - POSTERIOR

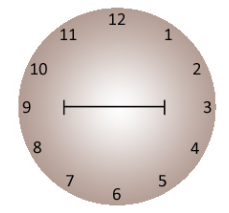
H. PERINEUM BIOPSY

I. VAGINAL BIOPSY

J. VULVAR BIOPSY

K. COLPOSCOPY

OTHER \_\_\_\_\_



*Cervical Diagram with Patient in Lithotomy Position  
Please Note the Biopsy Site*

SPECIMEN TYPE:  SPIRABRUSH  PUNCH BIOPSY  LEEP  OTHER

SPECIMEN SITE:  
 A. \_\_\_\_\_  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_

YPI ACCESSION #: \_\_\_\_\_