Ordering Physician # _____
Medicaid ID # _____

Attending Physician # _____

BASSETT HEALTHCARE NETWORK
The Mary Imogene Bassett Hospital
One Atwell Road
Cooperstown, New York 13326-1394
(607) 547-3700

DATE OF REQUEST: VISIT NUMBER:

MR #: LOCATION:

PATIENT'S NAME:

DATE OF BIRTH: MEDICAID ID#

☐ **RUSH** Contact Pathologist	☐ **ROUTINE**
CYTOLOGY NO.	
SURGICAL NO.	

19

CYTOLOGY REQUEST FORM

#2215 12/02;12/03;9/05;5/06; 12/06;3/08;2/09;9/10,5/15;9/15;10/19,2/26 (f:\lab\cytol\.doc)

SPECIMEN		
COLLECTED BY:	TIME:	DATE:

PLEASE COMPLETE FOR CYTOLOGY REQUESTS

Pap Test (LAB5)

Test Order (check 1 or more boxes)
☐ Thinprep pap test
☐ HPV regardless of results
☐ HPV if patient is 30 yo or greater. If HPV positive - subtyping will be performed.
☐ HPV if patient is 25-29 yo and Pap is abnormal. If HPV is positive, subtyping will be performed.

Molecular Testing from ThinPrep
Order individual tests below only if not ordering panel
☐ STI panel (rRNA amplification)
☐ N. gonorrhoeae
☐ Chlamydia trachomatis
☐ Trichomonas vaginalis

Specimen Source
☐ Endocervical
☐ Endocervical
☐ Vaginal

Indications
☐ Routine Screening
☐ High Risk Screening
☐ Diagnostic pap
Patient signed ABN/waiver ☐ Yes ☐ No

Menstrual History
LMP _____
☐ Pregnant _____ wks
☐ Post Partum _____ wks
☐ Post Menopausal _____ yrs
☐ Hysterectomy

Hormonal History
☐ Hormone Replacement Therapy
☐ Depo Provera
☐ BCP
☐ IUD
☐ DES exposure

Prior Treatment
Last Pap Dated _____ ☐ Normal ☐ Abnormal pap
Treatment:
☐ Cryo/Lazer ☐ Conization ☐ Colposcopy/Biopsy Results
_____

Non-gynecological (LAB13)

☐ CSF
☐ Sputum
☐ Ascites
☐ Pleural Fluid
☐ Breast Discharge
☐ Voided Urine
☐ Instrumented Urine
☐ Post Cysto Urine
☐ Bronch, Wash ☐ L ☐ R
☐ Bronch, Brush ☐ L ☐ R
☐ Needle Aspiration (Specify Source)
_____
☐ Gastrointestinal (Specify Source)
_____
☐ Other (Specify Source)
_____

HX OF MALIGNANCY: ☐ YES ☐ NO

WHEN: _____

TYPE/PRIMARY: _____

THERAPY: ☐ RADIATION ☐ CHEMO ☐ SURGERY Specify Below

SMOKER: ☐ YES ☐ NO

DETAIL: _____

PATIENT COMPLAINTS/CLINICAL HISTORY

Please sign and indicate ICD10 Code:

Signature:

ICD10 Code