



Client No. \_\_\_\_\_

HRP Labs 300 Ave. Manuel Domenech, San Juan PR 00918 Tel. 787-765-7320 Fax 787-765-3230 www.hrplabs.com

**GYNECOLOGICAL PATHOLOGY SERVICE REQUEST**

DATE OF COLLECTION: \_\_\_\_\_ TIME: \_\_\_\_\_ am / pm SLIDES QTY: \_\_\_\_\_ CONTAINERS QTY: \_\_\_\_\_

**Patient's Information**

Patient's Name: \_\_\_\_\_ Record No. \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_\_ Month / Day / Year Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Postal Address: \_\_\_\_\_

e-mail: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_  Check if patient wants to receive bill for any deductibles by email.

Contract # \_\_\_\_\_ Group # \_\_\_\_\_ \*Pathologists may order additional testing based on medical necessity.

2nd Insurance: \_\_\_\_\_ Contract # \_\_\_\_\_ Group # \_\_\_\_\_

**NOTIFICATION TO THE PATIENT:** All samples sent to HRP Labs will be processed and diagnosed, and its outcome will be sent directly to the physician. If any deductible applies or if you don't have medical insurance, you will receive an invoice and be liable for the payment. Toda muestra enviada a HRP Labs será procesada y diagnosticada y el resultado será enviado a su médico. En caso de que haya algún deducible o de usted no estar cubierto por un seguro médico, recibirá factura y será responsable del pago de la misma.

Patient's Signature: \_\_\_\_\_

**Clinical History**

ICD-10 \_\_\_\_\_ ICD-10 \_\_\_\_\_ ICD-10 \_\_\_\_\_ Last Menstrual Period: \_\_\_\_\_

- Endocrine Therapy
- Gross Lesion
- Radiotherapy
- Hysterectomy
- Abnormal Bleeding
- Chemotherapy
- Positive HPV Test
- Post Menopausal
- Pregnant
- Post Partum
- Abnormal Pap
- History of Dysplasia

Additional Clinical History: \_\_\_\_\_ (Required by Federal Law)

**Cytology Sample Information**

- | PAPANICOLAOU TEST                             | SITE   |
|---|--|
| <input type="checkbox"/> Conventional Smear   | <input type="checkbox"/> Cervicovaginal        |
| <input type="checkbox"/> Thin Prep®           | <input type="checkbox"/> Vaginal               |
| <input type="checkbox"/> Sure Path™           | <input type="checkbox"/> Anal                  |
| <input type="checkbox"/> Endometrial Cytology | <input type="checkbox"/> Endocervical Brushing |
| <input type="checkbox"/> Other _____          |  |

- ANCILLARY TEST**
- Chlamydia/Gonorrhea
  - Herpes Simplex (Type I & II)
  - Vaginosis Panel (Trichomonas vaginalis, Gardnerella, Candida)
  - Group B Streptococcus (GBS); Time: \_\_\_\_\_ am / pm
  - Vaginal Culture; Time: \_\_\_\_\_ am / pm
    - Reflex Antibiotic Susceptibility Test (For culture and GBS samples).
  - Fetal Fibronectin (fFN); Time: \_\_\_\_\_ am / pm

**HPV Test Options**

HPV Primary Screen\* -Includes 16/18 subtyping and reflex to cytology for non 16/18 subtypes.  
\*FDA-approved a primary cervical cancer screening for women 25 years of age and older.

- SAMPLE FOR HPV ONLY
- HPV Test With Any Diagnosis
- HPV if ASCUS
- HPV if ASCUS or Above
- HPV if ASCUS or LGSIL
- HPV if LGSIL

**Surgical Sample Information**

[ ] BIOPSY Type of Specimen [ ] Cervix [ ] Endocervix [ ] Vaginal Only [ ] Endometrial

[ ] OTHER

Physician's name: \_\_\_\_\_ Lic. No. \_\_\_\_\_

NPI # \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

When ordering tests, providers should only order tests that are medically necessary for the diagnosis or treatment of a patient, generally not for screening. Only a few screening tests are covered by most government and third party payors for certain conditions at specific intervals. When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), or CMS. If testing does not come under Medicare guidelines for payment a signed beneficiary notice must be included in advance.

Red fields and patient information must be completed to avoid delay in processing or sample rejection.

**For laboratory use only:**

**Adequacy Code**

- 1 Satisfactory
- 5 Sat. No Endocervical
- 6 Sat. No Endocervical (Pregnant)
- 7 Sat. Scant Cellularity
- 8 Sat. Thick Smear
- 9 Sat. Inflammation
- 10 Sat. Blood
- 11 Sat. Cytolysis
- 12 Sat. Lubricant
- 13 Unsat. Scanty Cellularity
- 14 Unsat. Thickness
- 15 Unsat. Inflammation
- 16 Unsat. Blood
- 17 Unsat. Excessive Cytolysis
- 18 Unsat. Lubricant
- 19 Unsat. Rejected / Not Processed

**General Categorization**

- 20 Negative
- 29 Epithelial Cell Abnormalities
- 28 Other, See Interpretation Result

**Interpretation Result**

- 21 Atrophy
- 22 Glandular Cells S/P Hysterectomy
- 23 Inflammation
- 24 Radiation
- 25 IUD
- 26 Atrophy with Inflammation

- 30 ASC-US
- 32 ASC-H
- 33 LGSIL
- 34 HGSIL
- 35 HGSIL, S/O Invasion
- 36 SCC
- 37 AEC, NOS
- 38 AGC, NOS
- 39 Atyp. Endometrial Cells
- 40 AEC, Fav Neo
- 41 AGC, Fav Neo
- 42 AIS
- 43 Adenoca. Endocervical
- 44 Adenoca. Endometrial
- 45 Adenocarcinoma, NOS
- 46 Malignant Neoplasm
- 50 Endometrial Cells > 40 y/o Negative
- 51 Endometrial Cells Post Menopausal Negative
- 53 Endometrial Cells > 40 y/o
- 54 Endometrial Cells Post Menopause

**Organisms**

- 60 Trichomonas
- 61 Candida
- 62 Shift in Flora
- 63 Actinomyces sp
- 64 Herpes simplex

**DNA Testing**

- 70 DNA Testing for High Risk-HPV in progress, report will follow
- 73 QNS for DNA Testing after PAP Evaluation

Notes:

_____	_____
CT Initial's	Date
_____	_____
CT2 Initial's	Date
_____	_____
PA Initial's	Date

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