HRPLABS
HATO REY PATHOLOGY ASSOCIATES, INC

Procedure Date: _____ **Hour:** _____

GYNECOLOGICAL PATHOLOGY SERVICE REQUEST

Patient Information

Name:		**Record No.**
Date of Birth:	Age:	e-mail:
Postal Address:		
Phone No:	Secondary Phone No:	
Medical Insurance:	2nd Medical Insurance:	
Contract:	Contract:	
Group:	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 or copay applies or if you don't have medical insurance, you will receive an invoice 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 copago, o de usted no estar cubierto por un seguro médico, recibirá factura y será responsable del pago de la misma.

Patient Signature: _____

Clinical History

ICD-10	**ICD-10**	[ ] Hysterectomy	[ ] Abnormal Bleeding	[ ] History of Dysplasia
		[ ] Post-Menopausal	[ ] Abnormal Pap	[ ] Using IUD
		[ ] Vaginitis	[ ] Suspicious Lesion	**Hormonal Therapy**
		[ ] Pregnant	[ ] Positive HPV	[ ] Estrogen
				[ ]Progesterone

Last Menstrual Period: _____ **(Required by Law)**

Comment:

Collection Method

- ❑ **ThinPrep®**
- ❑ **Sure Path®**
- ❑ **Pap Smear®**

Anatomical Site

- ❑ **Cervicovaginal**
- ❑ **Vaginal**
- ❑ **Anal**
- ❑ **Other:** _____

Cytology Sample

FDA approved primary cervical cancer screening for women 25 years of age and older.

Test Options

- ❑ **Complete Panel** (PAP, HPV, CT, NG, TV) **[ ] mRNA [ ] DNA**
- ❑ **Pap Test Only**
- ❑ **Co-testing** (PAP & HPV)
- ❑ **Reflex** (HPV if ASCUS or above in Pap test results)

Molecular & Ancillary Tests

- ❑ **Aptima Multi-Test Swab** (CT/NG, CV/TV, MG, BV)
- ❑ **Cobas PCR Multi-Test Swab** (CT/NG, TV, MG)
- ❑ **HPV DNA Other High-Risk Types, 16 &18**
- ❑ **HPV mRNA Test with reflex 16 & 18/45*** (Thin Prep® only)
- ❑ **C. trachomatis/N. gonorrhea**
- ❑ **Trichomonas vaginalis**
- ❑ **Mycoplasma genitalium**

- ❑ **Vaginitis Test****
  Aptima Multi Test Swab**
  (BV, CV/TV)
- ❑ **Herpes simplex (HSV)*****
  (Type I & II) by DNA site:
  _____
  UTM (any site) ***
  MSWAB (anogenital, vaginal & cervicovaginal)***
- ❑ **Culture******
  Dacron Swab Only******
  [ ] Vaginal [ ] Bartholin
  [ ] Group B Strep. (GBS)
  [ ] Other: _____

Surgical Sample

❑ **Biopsy** ❑ Cervix ❑ Endocervix ❑ Vaginal ❑ Vulva ❑ Endometrial ❑ Other: _____

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.

Physician's Name: _____ Lic. No. _____

Physician's Signature: _____ NPI: _____

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

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

Client No.: