

ORDERING PHYSICIAN'S NAME AND ADDRESS

PATIENT'S INFORMATION *Please provide clear copies of patient photo ID and insurance card(s)*

PATIENT LAST NAME			FIRST NAME		MIDDLE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	
DATE OF BIRTH (MM/DD/YY)		CELL PHONE		EMAIL			
ADDRESS						APT.#	
CITY					STATE	ZIP	

INSURANCE INFORMATION

SPECIMEN COLLECTION

<input type="checkbox"/> BILL INSURANCE		PRIMARY INSURANCE	SECONDARY INSURANCE	DATE
<input type="checkbox"/> BILL PATIENT	INSURANCE			TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> BILL MEDICAL PRACTICE	MEMBER ID			

SOURCE		HISTORY			LMP
<input type="checkbox"/> CERVICAL	<input type="checkbox"/> ENDOCERVICAL	<input type="checkbox"/> NORMAL EXAM	<input type="checkbox"/> POSTPARTUM	<input type="checkbox"/> HORMONE THERAPY	_ _
<input type="checkbox"/> VAGINAL	<input type="checkbox"/> OTHER	<input type="checkbox"/> ABN GYN EXAM	<input type="checkbox"/> HYSTERECTOMY	<input type="checkbox"/> OTHER	
		<input type="checkbox"/> PREGNANT	<input type="checkbox"/> POST MENOPAUSAL		

PAP / HPV from ThinPrep

BIOPSIES

PAP <input type="checkbox"/> AccuPAP	GYN <input type="checkbox"/> AccuPAP with reflex to HPV (High Risk) if ASCUS	<input type="checkbox"/> BIP1 Biopsy	<input type="checkbox"/> BIP3 Biopsy
HPV <input type="checkbox"/> HPV (High Risk)	3260 <input type="checkbox"/> AccuPAP w/reflex to HPV (High Risk) if ASCUS or greater	SOURCE: _____	SOURCE: _____
GHPV <input type="checkbox"/> AccuPAP with HPV (High Risk)		<input type="checkbox"/> BIP2 Biopsy	<input type="checkbox"/> BIP4 Biopsy
		SOURCE: _____	SOURCE: _____

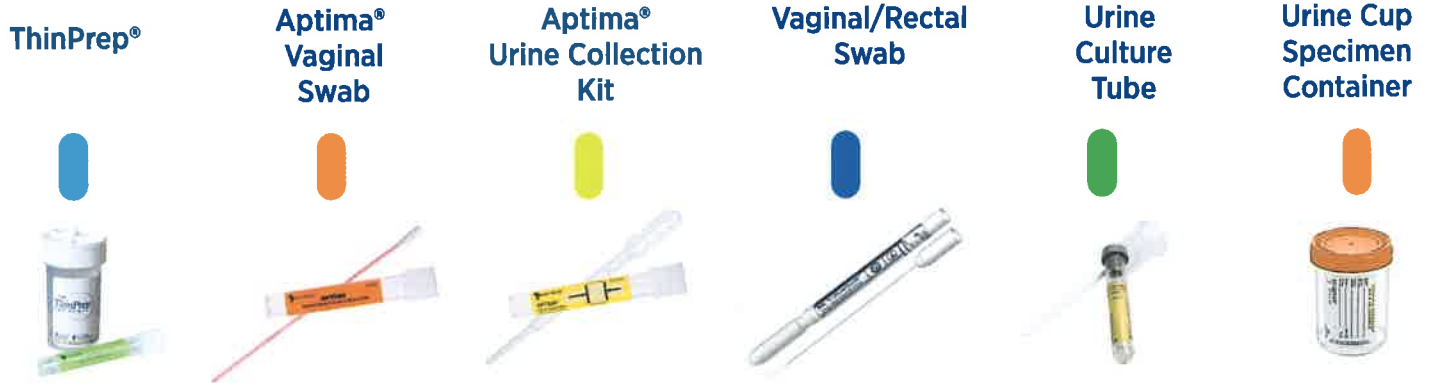
PANELS *Please Select a Source*

6105 STI ESSENTIAL	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Anal swab (CT/GC only)	<input type="checkbox"/> Male/Female Urine in sterile cup transferred in Aptima urine tubes <input type="checkbox"/> Aptima® Vaginal Swab (patient collected) (CT/GC only) <input type="checkbox"/> Throat swab (CT/GC only)	CT <input type="checkbox"/> Chlamydia trachomatis GC <input type="checkbox"/> Neisseria gonorrhoeae TPTR <input type="checkbox"/> Trichomonas vaginalis
MGEN MYCOPLASMA GENITALIUM	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Male urethral swab	<input type="checkbox"/> Male/Female Urine in sterile cup transferred in Aptima urine tubes <input type="checkbox"/> Aptima® Vaginal Swab (patient collected) <input type="checkbox"/> Aptima® penile meatal swab (patient collected)	MGEN <input type="checkbox"/> Mycoplasma genitalium
BVG1 BACTERIAL VAGINOSIS	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Z722 <input type="checkbox"/> Megasphaera Type 1 Z698 <input type="checkbox"/> Mobiluncus spp Z720 <input type="checkbox"/> Atopobium vaginae	Z696 <input type="checkbox"/> Bacteroides Fragilis Z724 <input type="checkbox"/> BV associated bacteria2 Z718 <input type="checkbox"/> Gardnerella vaginalis
5664 CANDIDIASIS	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Y756 <input type="checkbox"/> Candida glabrata Y738 <input type="checkbox"/> Candida tropicalis Y772 <input type="checkbox"/> Candida krusei	Y724 <input type="checkbox"/> Candida albicans Y736 <input type="checkbox"/> Candida parapsilosis Z732 <input type="checkbox"/> Candida dubliniensis
5666 AEROBIC VAGINITIS	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Z787 <input type="checkbox"/> Lactobacillus spp. (Lacto) Z789 <input type="checkbox"/> Escherichia coli Z755 <input type="checkbox"/> Staphylococcus aureus	Z791 <input type="checkbox"/> Enterococcus faecalis Z793 <input type="checkbox"/> Streptococcus pyogenes Z795 <input type="checkbox"/> Streptococcus agalactiae
7230 MYCOPLASMA / UREAPLASMA	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Male/Female Urine in sterile cup	Mycoplasma genitalium Mycoplasma hominis Ureaplasma urealyticum	
0917 HERPES SIMPLEX VIRUS	<input type="checkbox"/> Anogenital lesion swab	0916 <input type="checkbox"/> Herpes Simplex Type-1 006 <input type="checkbox"/> Herpes Simplex Type-2	
6440 GROUP B STREPTOCOCCUS	<input type="checkbox"/> Vaginal/Rectal Swab in Liquid Stuart's/Amies Medium	Z690 <input type="checkbox"/> Streptococcus agalactiae	
6305 URINARY TRACT INFECTION (UTI)	<input type="checkbox"/> Urine Culture Tube	<input type="checkbox"/> R258 Enterococcus species Enterococcus faecium (Efm) Enterococcus faecalis (Efs) <input type="checkbox"/> P945 Klebsiella species Klebsiella aerogenes (KA) Klebsiella oxytoca (KO) Klebsiella pneumoniae (KP) <input type="checkbox"/> P944 Staphylococcus species Staphylococcus aureus (SA) Staphylococcus saprophyticus (SS) Staphylococcus epidermidis (SE) <input type="checkbox"/> P829 Proteus species Proteus vulgaris (PV) Proteus mirabilis (PM) <input type="checkbox"/> P656 Escherichia species Escherichia coli (EC)	<input type="checkbox"/> P830 Citrobacter species Citrobacter freundii (CF) Citrobacter koseri (CK) <input type="checkbox"/> P928 Candida species Candida albicans (CA) Candida other (CG,CP,CT,CK) <input type="checkbox"/> Q208 Pseudomonas species Pseudomonas aeruginosa (PA) <input type="checkbox"/> Q131 Enterobacter species Enterobacter cloacae complex (ECC) <input type="checkbox"/> Q447 Serratia species Serratia marcescens (SM) <input type="checkbox"/> Q036 Streptococcus species Streptococcus agalactiae (GBS) <input type="checkbox"/> Q048 Aerococcus species Aerococcus urinae (AU) <input type="checkbox"/> Q211 Corynebacterium species Corynebacterium urealyticum (CU) <input type="checkbox"/> Q274 Morganella species Morganella morganii (MM) <input type="checkbox"/> Q918 Acinetobacter species Acinetobacter baumannii (AB) <input type="checkbox"/> Q033 Providencia species Providencia stuartii (PS)

ICD-10 / DIAGNOSES

PHYSICIAN'S SIGNATURE _____

DATE _____



TEST CODES	PANELS						
PAP	AccuPAP	●					
HPV	Human Papillomavirus	●					
GHPV	AccuPAP with HPV (High Risk)	●					
GYN	AccuPAP with reflex to HPV (High Risk) if ASCUS	●					
3260	AccuPAP w/reflex to HPV (High Risk) if ASCUS or greater	●					
6105	STI Essential	●	●	●			
MGEN	Mycoplasma Genitalium	●	●	●			
CT	Chlamydia Trachomatis	●	●	●			
GC	Neisseria Gonorrhoeae	●	●	●			
TPTR	Trichomonas Vaginalis	●	●	●			
BVG1	Bacterial Vaginosis	●	●				
5664	Candidiasis	●	●				
5666	Aerobic Vaginitis	●	●				
7230	Mycoplasma / Ureaplasma	●	●				●
0917	Herpes Simplex Virus		●				
6440	Group B Streptococcus				●		
6305	Urinary Tract Infection					●	