Required Information is Highlighted

CellNetix Pathology - Seattle

1124 Columbia St., Ste. 200, SEATTLE, WA 98104

RQ2846512 Pt Name: _____ RQ2846512 Pt Name: _____ RQ2846512 Pt Name: _____

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CellNetix Pathology & Laboratories

1124 Columbia Street, Suite 200
Seattle, WA 98104
Toll Free (866) 236-8296
Billing (877) 340-5884

WWW.CELLNETIX.COM

11-07-2018

Patient Information

PATIENT LAST NAME | FIRST | M.I. | SEX

PATIENT D.O.B. | PATIENT SOCIAL SECURITY NUMBER | PHONE

STREET ADDRESS

CITY | STATE | ZIP

Specimen Information

COLLECTION DATE | TIME

ICD-10 CODE(S)

Referring MDs

CC report to: First and Last Names

Billing Information

INSURANCE COMPANY NAME AND ADDRESS

CITY | STATE | ZIP

INSURANCE/SUBSCRIBER ID# | SUBSCRIBER NAME/RESPONSIBLE PARTY

INSURANCE/GROUP# | MEDICARE# ☐ PRIMARY ☐ SECONDARY

SECONDARY | MEDICAID (coupon attached)

☐ NO INSURANCE | WORKER'S COMP ☐ YES ☐ NO

INTERNAL USE ONLY

GYN CYTOLOGY

*ASCCP Guidelines Recommendations

Step #1

- ☐ Pap only
- ☐ Pap if ASCUS reflex to HPV High Risk (21 to 29yrs*)
- ☐ Pap if ASCUS reflex to HPV High Risk, if Positive reflex to HPV Geno (16/18)
- ☐ Pap with HPV High Risk - COTEST (30 yrs and Over*)
- ☐ Pap with HPV High Risk, if POSITIVE reflex to HPV Geno (16/18)

Step #2 (From Pap Vial)

- ☐ Chlamydia and Gonorrhea
- ☐ Chlamydia
- ☐ HSV 1&2 by PCR
- ☐ N. Gonorrhea
- ☐ Trichomonas (ThinPrep™)

HPV Testing Only
No Pap Requested

- ☐ HPV High Risk
- ☐ HPV High Risk and Reflex to Genotype if Pos.
- ☐ HPV HR Genotyping

LMP: Month: _____ Day: _____ Year: _____

☐ ENDO/ECTO ☐ ENDOCX ☐ ECTOCERVIX ☐ CERVIX ☐ VAGINA

☐ Check if tissue specimen is submitted simultaneously with Pap

CLINICAL HISTORY (check all that apply):

- ☐ Pregnant
- ☐ Postpartum
- ☐ Postmenopausal
- ☐ Hormones
- ☐ Abnormal Bleeding
- ☐ IUD
- ☐ DES Exposure
- ☐ Previous CIN/HPV
- ☐ Previous GYN Cone/LEEP
- ☐ Laser Therapy
- ☐ Cervical Stump
- ☐ Hysterectomy
- ☐ History of Malignancy
- ☐ Chemotherapy
- ☐ Radiation
- ☐ Other

PREVIOUS PAP DATE:

Month: _____ Day: _____ Year: _____

Interpretation:

☐ Unsat. ☐ Negative ☐ ASCUS ☐ ASCH ☐ LSIL ☐ HSIL

☐ Other: _____

06-30-2016

HISTOLOGY (TISSUE SPECIMENS)

SPECIMEN SITE

Procedure: _____

A _____

B _____

C _____

D _____

Clinical History/Other Information: _____

For breast specimens, time in formalin: _____

MOLECULAR

- ☐ BD Affirm VPIII™ - Vaginitis Panel (Swab)
- ☐ Anal/Rectal - Chlamydia / Gonorrhea (APTIMA)
- ☐ Urovysion™ - Bladder Cancer FISH (Urine)

Source: _____

NON-GYN CYTOLOGY

- ☐ **FINE NEEDLE ASPIRATION,** Source: _____
- ☐ **FLUID,** Source/Laterality: _____
- ☐ **RESPIRATORY CYTOLOGY:** ☐ BAL ☐ Brushing ☐ Washing ☐ Sputum
  Source/Laterality: _____
- ☐ **URINE CYTOLOGY** ☐ **REFLEX TO UROVYSION IF ATYPICAL** ☐ **PCA3**
  ☐ Voided ☐ Catheterized ☐ Bladder Washing ☐ Barbotage
- ☐ **ANAL-RECTAL CYTOLOGY** ☐ With HPV High Risk ☐ Reflex HPV if ASCUS
- ☐ **NIPPLE DISCHARGE:** ☐ Right ☐ Left
- ☐ **HERPES TZANCK SMEAR,** Source: _____
- ☐ **OTHER:** _____