Required Information is Highlighted

CellNetix Pathology & Laboratories

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Billing (877) 340-5884

WWW.CELLNETIX.COM

01-07-2022

Patient Information

PATIENT LAST NAME	FIRST	M.I.	BIRTH SEX	GENDER ID
			☐M ☐F ☐X	☐M ☐F ☐X

PATIENT D.O.B.	PATIENT SOCIAL SECURITY NUMBER	PHONE	RACE/ETHNICITY

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: _____

05-06-2021

HISTOLOGY (TISSUE SPECIMENS)

SPECIMEN SITE

A _____
B _____
C _____
D _____

Procedure/Clinical History/Other Information: _____

For breast specimens, time in formalin: _____

MOLECULAR

- ☐ CellSwab™ - Vaginitis Panel, Expanded TMA (Aptima, Swab - Orange Label)
- ☐ CellSwab™ - Vaginitis Panel, Expanded TMA + GC/CT (Aptima, Swab - Orange Label)
- ☐ Chlamydia/Gonorrhea (Aptima, Swab - Orange Label)
- ☐ Chlamydia/Gonorrhea (Urine) (Aptima, Tube - Yellow Label)
- ☐ Chlamydia (Aptima, Swab - Orange Label)
- ☐ Gonorrhea (Aptima, Swab - Orange Label)
- ☐ Anal/Rectal - Chlamydia / Gonorrhea (Aptima, Swab - Orange Label)
- ☐ Urovysion™ - Bladder Cancer FISH (Urine)
  Source: ☐ Endocervical ☐ Vaginal ☐ Urethral

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:** _____