Hunterdon Health

GYN-CYTOLOGY TEST REQUISITION

[P] 908-237-5509
[F] 908-237-2334
2100 Wescott Drive
Flemington, NJ 08822

DATE COLLECTED _____/_____/_____
TIME OF COLLECTION: _____

PATIENT INFORMATION			
LAST NAME	FIRST NAME	M.I.	
STREET ADDRESS		APT. #	
CITY	STATE	ZIP CODE	
PHONE NUMBER			
DATE OF BIRTH / /	SEX	AGE	RACE
ICD-10	Account #		
PLEASE ATTACH COPY OF INSURANCE CARD			

CYTOLOGY ACCESSION #:	**DATE RECEIVED IN LAB:**

PHYSICIAN INFORMATION:

PAP SPECIMEN TEST SOURCE

☐ Cervical/Endocervical	☐ Vaginal	☐ Anal

MENSTRUAL STATUS (Check one)

☐ Pregnant	☐ Amenorrhea
☐ Post-Menopausal	☐ Date of LMP:

PERTINENT CLINICAL HISTORY (Check one)

☐ **Negative**	☐ **Invasive Ca**
☐ **Atypical**	☐ **Dysplasia**
☐ **Ca in Situ**	

HORMONE THERAPY/CONTRACEPTIVES

☐ I.U.D.	☐ Depo-Provera	
☐ Oral Contraceptives	☐ Hormone Replacement	
☐ None/Unknown		

LAB SPECIFIC TEST CODE

Screening PAP		**Anal Pap**
☐ PAPSO	Under 21 years of age ThinPrep Screen	☐ ATPCO - Anal pap all ages
☐ PAPS	21-29 years of age ThinPrep Screen with HPV Reflex	☐ HIV Status_____
☐ PAP3S	30 years of age and older ThinPrep Screen with HPV	☐ Behavioral Risks:
Diagnostic PAP		_____
☐ PAPDO	Under 21 years of age ThinPrep Diagnostic	☐ Previous Clinical History:
☐ PAPD	21-29 years of age ThinPrep Diagnostic with HPV Reflex	_____
☐ PAP3D	30 years of age and older ThinPrep Diagnostic with HPV	

ADDITIONAL TESTING

☐ CGAMP	*Chlamydia trachomatis* and *Neisseria gonorrhoeae* by Nucleic Acid Amplification (GEN-PROBE)
☐ TVRNA	*Trichomonas vaginalis* by Nucleic Acid Amplification
SPECIAL NOTES:	