



LAB07

AML-GYNECOLOGICAL (Cervical/Vaginal)
CYTOLOGY REQUEST

800 East 28th Street, Minneapolis, MN 55407
612-863-4668 • Fax 612-863-3089

DEPARTMENT USE ONLY:

DATE RECEIVED TECH LAB #

BILL TO: MUST CHECK ONE [] CLINIC/FACILITY [] INSURANCE [] PATIENT (SELF-PAY)

[] MEDICARE SECONDARY PAYER INFORMATION REQUIRED. (AML USE ONLY) Medicare secondary status has been verified with beneficiary or representative within 90 days of service and documentation is on file. [] MSP Collected

DATE & TIME COLLECTED DRAWN BY (AML Staff use Tech # Only)

SOCIAL SECURITY # [] MALE BIRTH DATE [] FEMALE

PATIENT NAME (LAST) (FIRST) (M.I.) CHART #

PATIENT ADDRESS (STREET) CITY

STATE ZIP PATIENT PHONE ()

[] MEDICARE PRIMARY [] MEDICARE SECONDARY

MEDICARE NUMBER SUFFIX

MEDICAL ASSISTANCE NUMBER STATE

POLICY HOLDER POLICY HOLDER DATE OF BIRTH

MEMBER/POLICY # GROUP # CLINIC #

RELATIONSHIP OF PATIENT TO INSURED INSURANCE CO. NAME [] SELF [] SPOUSE [] DEPENDENT

ICD9 DIAGNOSIS CODE(S) FOR TESTS ORDERED (MUST BE PROVIDED)

Dx1 Dx2 Dx3 Dx4 PHYSICIAN SIGNATURE REFERRING PHYSICIAN

[] ABN NOT INDICATED [] ABN INCLUDED Medical Necessity Statement: Tests ordered on Medicare patients must follow CMS rules regarding medical necessity and FDA approval guidelines, and must include diagnosis, symptom, or reason for testing as indicated in the medical record. If testing does not come under Medicare guidelines for payment, a "signed" Advanced Beneficiary Notice must be included. Clinical consultation regarding test ordering is provided at 612-863-4670.

COLLECTION DATE: (must be provided)

PATIENT HISTORY & CLINICAL FINDINGS

TESTS ORDERED

DIAGNOSIS OPTIONS (check one)

Routine screening diagnosis will be default diagnosis if no diagnosis is indicated.

Date LMP (check all that apply) Previous Pap Result Previous Colpo/Bx Result Diagnosis Other pertinent clinical information: Appearance of cervix (describe):

Imaged ThinPrep Screen Low Risk V76.2 High Risk V15.89 Imaged ThinPrep Diagnostic HPV Test (Includes High/Intermediate risk types only) Reflex HPV test if diagnosis is ASCUS HPV Test and Pap: HPV Test only (No Pap):

Physician/Designee Signature Referring Physician

Affix Summary Label Here

Alina Medical Laboratories Cytology Department - PAP TEST FORM (Manual Requisition)

If you have any questions, please contact your AML Account Representative for assistance. (Numbers of topics indicate the position on Pap Form)

1. Indicate **Billing Preference**.
2. Complete patient information/demographics. Billing information is essential if the work is to be billed to the patient's insurance.
3. The Date of Collection must be furnished for compliance requirements and for comparison with LMP.
4. LMP (last menstrual period) is very important in interpreting the changes seen in the Pap Test (especially the presence of endometrial cells).
5. Has a colposcopy been performed **TODAY** in conjunction with this Pap test?
6. Current menstrual status information. **Note:** Please indicate if a cervical stump remains after the patient has had a hysterectomy.
7. Patient History – Please include previous **date and result** of previous Pap tests, biopsy, cone etc. as this is very important for patient history reviews.
8. Additional information or any observations made at the time of examination.
9. Indicate Imaged ThinPrep® **Screen** or Imaged ThinPrep **Diagnostic**.
 - If Imaged ThinPrep® **Screen** is indicated, you must also indicate the **appropriate indication** (Low Risk V76.2, High Risk V15.89, Hysterectomy-Non Malignant V76.47, V45.77 or Hysterectomy-Malignant (note organ/type)).
 - Low Risk - No Significant risk factors
 - High Risk - Based on behavioral risk factors that place patient at a high risk for developing cervical cancer – i.e. sexual encounter at an early age (less than 16), multiple male sexual partners (five or more in a lifetime), smoking, history of sexually transmitted disease (including HIV) and immunosuppressed patients. Also, fewer than three negative Pap tests within the previous 7 years and daughters of women who used DES (Diethylstilbestrol) during pregnancy.
 - If Imaged ThinPrep® **Diagnostic** is indicated, you must include the diagnosis. Previous cancer of the female genital tract, previous abnormal Pap test, abnormal or suspicious findings of the female genital tract upon physical exam, or signs or symptoms the physician believes may be related to a gynecological disorder.
10. If you are requesting that an HPV test be performed, you must indicate so here:
 - Reflex HPV test if Pap Diagnosis is ASCUS – HPV testing for High/Intermediate risk types is done **ONLY** if the pap result is ASCUS. HPV testing will be performed in addition to the ThinPrep Pap smear testing.
 - HPV Test **and** Pap – use this selection if you desire High Intermediate Risk types of HPV testing *no matter what the ThinPrep pap results*.
 - HPV test **only** (no Pap) – use this selection if you want **ONLY** the High/Intermediate type HPV testing. No ThinPrep Pap testing will be performed.
 - If testing for **low risk HPV** types is desired, please contact customer service (612-863-4678) to consult with a pathologist.
11. If documentation of test(s) and reason for testing does not appear in the patient's medical record, the physician's or designee's signature must be provided.

Note for MEDICARE Patients: Medicare pays for screening Paps every 2 years (includes hysterectomy patients). Medicare pays for High-Risk Screening and Diagnostic Paps yearly. If you have questions regarding diagnosis codes, etc., checking with your coding educator. If the screening interval does not meet Medicare guidelines, an Advance Beneficiary Notice (ABN) must be signed by the patient