



CLIENT INFORMATION

Tel _____ Fax _____

ORDERING PHYSICIAN INFORMATION

Ordering Provider _____ Copy To Provider _____
NPI _____ NPI _____
Tel _____ Fax _____ Tel _____ Fax _____

PATIENT INFORMATION

Name (Last, First, MI) _____ SSN _____ **DOB** / / **Gender** Male Female
Address (City, State, Zip) _____
Client Patient ID _____ Tel _____

BILLING INFORMATION

Facility Insurance Patient Insurance Company _____ Policy # _____ Group # _____
Place of Service Hospital Inpatient Outpatient Physician Office (Attach copy of Insurance info)

CLINICAL AND SPECIMEN INFORMATION

Diagnosis Codes _____ Specimen Source _____ Specimen ID _____
 Pathology report included
Clinical Diagnosis/Reason for Referral _____
 ThinPrep* Aptima* Swab Tissue
 SurePath Cervical Swab Blood
Collection Date/Time / / _____ am pm
 Aptima* Urine Other Swab _____
 Urine Other _____

WOMEN'S HEALTH TESTS

Acceptable Specimen Types

- CT** Chlamydia trachomatis, qualitative ThinPrep, SurePath, APTIMA Swab, Urine
- NG** Neisseria gonorrhoeae, qualitative ThinPrep, SurePath, APTIMA Swab, Urine
- CTNG** Chlamydia/gonorrhoeae, qualitative ThinPrep, SurePath, APTIMA Swab, Urine
- TV** Trichomonas vaginalis ThinPrep, SurePath, APTIMA Swab, Urine (female collection only)
- HPV HR** Human papillomavirus high risk only ThinPrep, SurePath
 - with reflex to HPV G genotyping if HPV HR is detected ThinPrep, SurePath
- HPV** Human papillomavirus high risk and low risk combo ThinPrep, SurePath
 - with reflex to HPV G genotyping if HPV HR is detected ThinPrep, SurePath
- HPV LR** low risk only, HC II ThinPrep, SurePath, Digene STM
- HPV G** genotyping ThinPrep, SurePath
- HSV** Herpes simplex virus 1 & 2, qualitative EDTA Blood, ThinPrep, SurePath, CSF, Fresh or Frozen Tissue
- HSV1** HSV 1, qualitative EDTA Blood, ThinPrep, SurePath, CSF, Fresh or Frozen Tissue
- HSV2** HSV 2, qualitative EDTA Blood, ThinPrep, SurePath, CSF, Fresh or Frozen Tissue

COMMENTS
