



CLIENT INFORMATION		ORDERING PHYSICIAN INFORMATION			
		Ordering Provider		Copy To Provider	
		NPI		NPI	
Tel	Fax	Tel	Fax	Tel	Fax
PATIENT INFORMATION					
Name (Last, First, MI)		SSN	DOB / /		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Client Patient ID		Address (City, State, Zip)			
		Tel			
BILLING INFORMATION			(Attach copy of Insurance info)		
<input type="checkbox"/> Facility	<input type="checkbox"/> Insurance	<input type="checkbox"/> Patient	Insurance Company		Policy #
Place of Service <input type="checkbox"/> Hospital Inpatient <input type="checkbox"/> On Campus Hospital <input type="checkbox"/> Off Campus Hospital <input type="checkbox"/> Physician Office					Group #
CLINICAL AND SPECIMEN INFORMATION					
Diagnosis Codes _____		Specimen Source		Specimen ID	
<input type="checkbox"/> Pathology report included					
Clinical Diagnosis/Reason for Referral		<input type="checkbox"/> ThinPrep*	<input type="checkbox"/> Aptima* Swab	<input type="checkbox"/> Tissue	
		<input type="checkbox"/> SurePath	<input type="checkbox"/> Cervical Swab	<input type="checkbox"/> Blood	
		<input type="checkbox"/> Aptima* Urine	<input type="checkbox"/> Other Swab _____		
		<input type="checkbox"/> Urine	<input type="checkbox"/> Other _____		
Collection Date/Time / / _____ <input type="checkbox"/> am <input type="checkbox"/> pm					
WOMEN'S HEALTH TESTS					
					<u>Acceptable Specimen Types</u>
<input type="checkbox"/>	CT Chlamydia trachomatis, qualitative				ThinPrep, SurePath, APTIMA Swab, Urine
<input type="checkbox"/>	NG Neisseria gonorrhoeae, qualitative				ThinPrep, SurePath, APTIMA Swab, Urine
<input type="checkbox"/>	CTNG Chlamydia/gonorrhoeae, qualitative				ThinPrep, SurePath, APTIMA Swab, Urine
<input type="checkbox"/>	TV Trichomonas vaginalis				ThinPrep, SurePath, APTIMA Swab, Urine (female collection only)
<input type="checkbox"/>	HPV HR Human papillomavirus high risk only				ThinPrep, SurePath
<input type="checkbox"/>	<input type="checkbox"/> with reflex to HPV G genotyping if HPV HR is detected				ThinPrep, SurePath
<input type="checkbox"/>	HPV G genotyping				ThinPrep, SurePath
<input type="checkbox"/>	HSV Herpes simplex virus 1 & 2, qualitative				EDTA Blood, ThinPrep, SurePath, CSF, Fresh or Frozen Tissue
<input type="checkbox"/>	HSV1 HSV 1, qualitative.....				EDTA Blood, ThinPrep, SurePath, CSF, Fresh or Frozen Tissue
<input type="checkbox"/>	HSV2 HSV 2, qualitative.....				EDTA Blood, ThinPrep, SurePath, CSF, Fresh or Frozen Tissue
COMMENTS					