



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 On Campus Hospital Off Campus Hospital Physician Office

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 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

Please Note: Many payers, including Medicare and Medicaid, have medical necessity requirements. You should only order tests which are medically necessary for the diagnosis and treatment of the patient. Thank you.