

Trinity Medical Center Pathology / Cytology Request Form

Patient Information	Billing / Insurance Information
Patient Name: _____ Patient Phone#: _____	
Patient Address (City, State, Zip): _____	Primary Insurance Plan: _____
Patient SS#: _____ DOB: _____ Sex: _____	Policy #: _____
Ordering Physician: _____	Primary Subscriber (If other than Patient): _____

ATTENTION PHYSICIAN: Pathology specimens must be ordered based on medical necessity. Medical necessity is defined as services which are necessary for the diagnosis or treatment of disease, illness or injury and meet accepted standards of medical practice. Specimens ordered **MUST** include diagnosis. When Medicare coverage is sought, only tests which meet the Medicare definition of reasonable and necessary should be ordered. Medicare may deny for tests which do not meet that definition. The patient must be informed of potential denial of payment and sign the Provider/Supplier Notice to Beneficiary form (available under separate cover).

Diagnoses: _____

PATHOLOGY SPECIMEN INFORMATION

CLINICAL DIAGNOSIS: _____

PROCEDURE: _____

SPECIMEN(S) SUBMITTED: _____

NON-GYNECOLOGIC CYTOLOGY SPECIMEN INFORMATION

CLINICAL DIAGNOSIS: _____

SOURCE: _____

GYNECOLOGIC CYTOLOGY SPECIMEN INFORMATION

DIAGNOSTIC _____ SCREENING _____

TYPE OF ORDER: THIN PREP _____ THIN PREP WITH HPV _____ THIN PREP/REFLEX TO HPV IF ASCUS _____

THIN PREP WITH CT/NG APTIMA _____ PAP SMEAR 1 SLIDE _____ PAP SMEAR 2 SLIDES _____

SOURCE: CERVIX _____ ENDOCERVIX _____ VAGINAL _____

CLINICAL INFORMATION: DATE LMP _____ PREGNANCY _____

HORMONAL THERAPY _____ RADIATION THERAPY _____

PREVIOUS PAP HISTORY: DATE _____ DIAGNOSIS _____