



HISTOLOGY/CYTOLOGY REQUISITION

#1 Lile Court, Suite 101
Little Rock, AR 72205
501-225-2760
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Pathology
Laboratories
Of Arkansas, P.A.

Information Provided By: _____

For Lab Use

Accession#: _____

Charge Code(s): _____

DOCTOR: _____

SHADED FIELDS INDICATE REQUIRED PATIENT INFORMATION. FAILURE TO COMPLETE ALL FIELDS WILL RESULT IN DELAYS OF SPECIMEN PROCESSING.

PATIENT INFORMATION

LAST NAME:		FIRST NAME:			MIDDLE INITIAL:	
ADDRESS:				CITY:	STATE:	ZIP:
DATE OF BIRTH:	AGE:	SEX:	SOC. SEC. NO.:	HOME PHONE NO.:	WORK PHONE NO.:	CHART NO.:

Billing Instructions:

- Bill Dr. Office
- Bill Patient
- Bill Insurance*

* Complete Insurance Information Below.

CLINICAL HISTORY/SPECIAL REQUESTS:

SPECIMEN INFORMATION

DATE COLLECTED: _____

INSURANCE INFORMATION

MEDICARE NO:		MEDICAID NO:	
	PRIMARY INSURANCE	SECONDARY INSURANCE	
Insurance Company Name:			
Insurance Company Street Address:			
Insurance Company City, State, Zip:			
Patient ID No.:			
Group No.:			
Responsible Party and Relationship:			
Employer/Address/Phone No			

GYN CYTOPATHOLOGY TEST REQUEST

Does Patient Have A History of An Atypical Pap Test: Yes/ No If Yes, Please Provide Diagnosis And Date Of Diagnosis: _____ ICD9 _____

____ Liquid Based Pap Smear or ____ Conventional Pap Smear & Number of Slides ____ 1 ____ 2

SPECIMEN SOURCE: ____ Cervix or ____ Vagina/Hyst

DATE OF LAST MENSTRUAL PERIOD ____ / ____ / ____ or POST MENOPAUSAL ____

CHECK ALL THAT APPLY: ____ I.U.D. Present ____ Birth Control Pills ____ Hormone Therapy ____ Hyst ____ Gross Lesion
____ Irradiation Therapy ____ Postmenopausal Bleeding ____ Pregnant ____ Postpartum

OTHER PERTINENT CLINICAL INFORMATION: _____

TEST REQUEST ON LIQUID BASED PAP GYN SPECIMEN

____ HPV Testing (DNA Probe) High Risk Only ____ HPV Testing (DNA Probe) High & Low Risk
____ Chlamydia (PCR) ____ Gonorrhea (DNA Probe) ____ Herpes Simplex Virus Type 1 & 2 (PCR)

NON-GYN TEST REQUEST

NON-GYN:

- Bronchial Wash
- Bronchial Brush
- Urine Voided
- Urine Catheterized
- Bladder Wash
- Breast Secretion
- Breast Aspiration-Cyst
- Peritoneal Fluid
- Pericardial Fluid
- Cerebrospinal Fluid
- Sputum
- Fine Needle Aspiration Site _____
- Other: (Specify): _____

ICD - 9/DIAGNOSIS*

HISTOPATHOLOGY TEST REQUEST

- Gross Only
- Gross & Micro
- Frozen Section
- Bone Marrow
- Flow Cytometry
- ER/PR, DNA

Preoperative Diagnosis

Postoperative Diagnosis

SPECIMEN SOURCE:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

ICD - 9/DIAGNOSIS*