Cytology Gynecological (Cervical/Vaginal)
Request Instructions

If you have any questions, please contact your Allina Health Laboratory Account Representative for assistance.

Numbers of topics indicate the position on the Gynecologic (Cervical/Vaginal) Cytology Request form diagramed on the reverse side.

1. Your site demographic information will be preprinted in this area.
   a. Indicate the Ordering Provider.
2. Indicate Billing Preference.
3. The Date of Collection must be furnished for compliance requirements and for comparison with LMP.
4. Complete patient information/demographics. Billing information is essential if the work is to be billed to the patient’s insurance.
5. Document diagnosis code(s) here (in addition to any codes documented in step #12).
6. If documentation of test(s) and reason for testing does not appear in the patient’s medical record, the physician or designee’s signature must be provided.
7. MEDICARE Patients: Medicare pays for screening Pap tests every 2 years (includes hysterectomy patients). Medicare pays for High-Risk Screening and Diagnostic Pap tests yearly. If you have questions regarding diagnosis codes, etc., check with your coding educator. If the screening interval does not meet Medicare guidelines, an Advance Beneficiary Notice (ABN) must be signed by the patient.
8. LMP (last menstrual period) is very important in interpreting the changes seen in the Pap test (especially the presence of endometrial cells)
9. Patient History – Check all that apply, including the previous date and result of previous Pap tests, biopsy, cone etc. as this is very important for patient history reviews.
10. Appearance of the cervix observed during specimen collection
11. Other pertinent clinical information
12. Indicate Imaged ThinPrep® Screen or Imaged ThinPrep® Diagnostic.
   • If Imaged ThinPrep® Screen is indicated, you must also indicate the appropriate indication (Low Risk V76.2, High Risk V15.89, Hysterectomy-Non Malignant V76.47, V45.77 or Hysterectomy-Malignant (note organ/type).
     o Low Risk - No Significant risk factors
     o High Risk - Based on behavioral risk factors that place patient at a high risk for developing cervical cancer – i.e. sexual encounter at an early age (less than 16), multiple male sexual partners (five or more in a lifetime), smoking, history of sexually transmitted disease (including HIV) and immunosuppressed patients. Also, fewer than three negative Pap tests within the previous 7 years and daughters of women who used DES (Diethylstilbestrol) during pregnancy.
   • If Imaged ThinPrep® Diagnostic is indicated, you must include the diagnosis. Previous cancer of the female genital tract, previous abnormal Pap test, abnormal or suspicious findings of the female genital tract upon physical exam, or signs or symptoms the physician believes may be related to a gynecological disorder.
13. If you are requesting that an HPV test be performed, you must indicate so here:
   • Reflex HPV test if Pap Diagnosis is ASCUS – HPV testing is done ONLY if the pap result is ASCUS.
   • HPV Test and Pap – use this selection if you desire HPV testing no matter what the ThinPrep pap results.
   • ThinPrep® Pap ONLY (no HPV)

If an HPV Test Only (no Pap) is desired, the testing should be ordered using an Allina Health Laboratory Molecular Diagnostics request form.

November 2014
Date of Last Menstrual Period: ___________________________

Check all that apply:

☐ Colposcopy/biopsy today
☐ Abnormal bleeding
☐ Hormone usage - Specify___________________________
☐ Hysterectomy; If hysterectomy, cervix present?
  ☐ Yes  ☐ No
☐ Previous Pap Date: _______________ Result: _______________
☐ Previous Colpo/Bx Date: _______________ Result: _______________
☐ Cryo/laser Diagnosis: _____________________________
☐ Chemo/radiation Diagnosis: ___________________________

Appearance of cervix (describe):

Other pertinent clinical information.

TESTS and DIAGNOSIS OPTIONS:

☐ Imaged ThinPrep® Screen (LAB6293D): Check (one) diagnosis
  ☐ Low Risk V76.2
  ☐ High Risk V15.89
  ☐ Hysterectomy – Non-malignant V76.47, V45.77
  ☐ Hysterectomy – Malignant; Organ/Type: ___________________________

☐ Imaged ThinPrep® Diagnostic (LAB6293C):
  Dx: ___________________________

HPV Test (Includes High/Intermediate risk types only)
  ☐ Reflex HPV test if diagnosis is ASCUS
  ☐ HPV Test and Pap:
  ☐ ThinPrep® Pap Only (no HPV)

HPV Test only (No Pap): Use Molecular request

Affix
RQ Label
Here