**Test Diagnostics, Inc.**
Test Street , Suite 777
Test1, TX 22222
Ph: 123.456.7800 | Fx: 123.456.7800

## PATIENT INFORMATION

| LAST NAME | FIRST NAME | MI |
|---|---|---|
| TEST | PATIENT | |

| SOCIAL SECURITY NUMBER | AGE | DOB | GENDER |
|---|---|---|---|
| | 119 | 01/01/00 | M ☐ F ☒ |

ADDRESS / CITY / STATE / ZIP
123 TEST AVE / TEST CITY / TEST ZIP / 65077

| HOME PHONE | WORK PHONE | PATIENT CHART# |
|---|---|---|
| 123-456-7891 | 999-999-9999 | 123 |

## PHYSICIAN INFORMATION

PHYSICIAN NAME
Test Physician

| ACCOUNT NAME | ACCOUNT # |
|---|---|
| TestAccountName | TestAccountNO |

ADDRESS / CITY / STATE / ZIP
Test Address1 / Test City / Test State / 1123455

| NPI | PHONE | REPORT FAX NUMBER |
|---|---|---|
| | 123-456-7894 | |

## BILLING INFORMATION

**BILL TO:** ☐ Physician ☐ Medicare ☐ Medicaid ☒ Insurance ☐ Patient

## PRIMARY INSURANCE INFORMATION

RELATIONSHIP TO PATIENT ☐ Self ☐ Spouse ☒ Dependent

| INSURANCE NAME | PHONE | FAX |
|---|---|---|
| Test Insurance Name | | |

INSURANCE ADDRESS / CITY / STATE / ZIP
/ / /

| POLICY ID # | GROUP # |
|---|---|
| ABC123 | 123ABC |

| INSURED NAME | SOCIAL SECURITY # | DATE OF BIRTH |
|---|---|---|
| FAKE PATIENT | | 01/01/00 |

## SECONDARY INSURANCE INFORMATION

RELATIONSHIP TO PATIENT ☐ Self ☐ Spouse ☐ Dependent

| INSURANCE NAME | PHONE | FAX |
|---|---|---|
| | | |

INSURANCE ADDRESS / CITY / STATE / ZIP
/ / /

| POLICY ID # | GROUP # |
|---|---|
| | |

| INSURED NAME | SOCIAL SECURITY # | DATE OF BIRTH |
|---|---|---|
| | | |

## COLLECTION INFORMATION

**COLLECTION DATE** 06/14/2019 **COLLECTION TIME** 11:08 ☒ AM ☐ PM

## ICD-10 DIAGNOSIS CODES (REQUIRED)

D27.0, D27.9, N72

## CLINICAL HISTORY

- ☒ Routine PAP
- ☐ Abnormal Bleeding
- ☒ Cervicitis Vaginitis
- ☐ Colposcopy Abnormal
- ☒ DES Exposure
- ☐ Gross Cervical/ Vaginal Lesion
- ☐ Hysterectomy (Cervix NOT Removed)
- ☒ Hysterectomy (Cervix Removed)
- ☐ HIV Immunosuppressed
- ☒ Hormone Therapy
- ☐ Peri Menopausal
- ☐ Post Menopausal

- ☒ Previous PAP Result: _____ Date: 06/08/19
- ☒ LMP/Menopause Date: / /
- ☒ Pregnant - Weeks: Test Pregnant Weeks
- ☐ Post Partum - Weeks: _____
- ☒ Other: Test Other 1
- ☐ No History Provided

## CONTRACEPTIVES

- ☒ Depo-Provera
- ☐ IUD
- ☒ Oral Contraceptives

Does this patient have a penicillin allergy? ☐ Yes ☒ No

## SPECIMEN INFORMATION

**SPECIMEN SOURCE:**
☐ Cervical ☐ Uterine ☐ Wound
☐ Endocervical ☐ Vaginal ☒ Throat
☐ Ectocervical ☐ Anal-Rectal ☐ Other: _____

**URINE SPECIMEN:**
☐ First Catch
☐ Clean Catch (Preservative Tube)
☐ Sterile Specimen

**TECHNIQUE: Thinprep Vial-Cytology**
☐ Brush/Spatula ☐ Swab Only
☐ Brush Only ☐ Spatula Only
☐ Brush/Broom ☐ Swab & Spatula
☐ Broom Only

**Molecular Vaginal Panel Only**
- Brush/Broom/Spatula
- Flocked Swab

**Copan Collection**
- ESwab (Microbiology collection ONLY)

**Physician Signature** _____

**Date** _____

## Cytology (All GYN Cytology are Imaged-Guided and Liquid Based)

**Up to Age 29 (Age Based Recommendations):**
☐ Pap Test w/ Reflex to HR HPV for ASCUS/LG

**Age 30 and Older (Age Based Recommendations):**
☐ Pap Test and HR HPV
☐ Pap Test and HR HPV w/ Reflex to HPV Genotyping (16,18,45)

**Any Age:**
☒ Pap Test
☐ Pap Test with Maturation Index

## Molecular-PCR

**Automatic:**
**Technique:** ☒ Thinprep - Brush/Broom/Spatula
☒ High Risk HPV
☐ HPV 16,18,45 (Genotyping)

**Reflex Testing:**
☐ High Risk HPV
☐ HPV 16,18,45 (Genotyping)

**Infectious:**
☒ Chlamydia
☐ Thinprep - Brush/Broom/Spatula ☒ Aptima Vaginal ☐ Aptima Urine
☐ Gonorrhea
☐ Thinprep - Brush/Broom/Spatula ☐ Aptima Vaginal ☐ Aptima Urine
☐ Trichomonas vaginalis
☐ Thinprep - Brush/Broom/Spatula ☐ Aptima Vaginal ☐ Aptima Urine
☒ Group B Strep
☐ ESwab
☐ Herpes Simplex Virus 1 & 2 ☐ Aptima Vaginal

**Vaginal Panels:**
**Technique:** ☐ Thinprep - Brush/Broom/Spatula ☐ Thinprep-Vag. Flocked Swab
☒ Full Spectrum Panel*
☐ STI Panel*
☐ Candida Panel*
☐ Quad Panel*
☐ BV Panel* ☐ Vaginitis Screen Panel

## Microbiology

☐ Urinalysis with microscopic analysis
☐ Gray Top Tube ☒ Tiger Top Tube (both collection methods required)
☐ Urine Culture ☐ Gray Top Tube

**Culture:**
**Technique:** ☒ ESwab
☐ Group B Strep
☐ Vaginal
☒ Wound Site: Test Wounf Site
☐ Throat (Group A Strep)