



PHYSICIAN INFORMATION

PATIENT INFORMATION

Requesting Physician Signature \_\_\_\_\_ Copy to \_\_\_\_\_

Last Name First Name MI
Date of Birth Street Address
City State Zip
Chart Number Patient Telephone No.
Gender:  F  M

BILLING INFORMATION REQUIRED (Attach copies of Insurance card: Primary and Secondary)

If minor, Guardian Name \_\_\_\_\_ Insurance Co. \_\_\_\_\_
Subscriber # \_\_\_\_\_ Group # \_\_\_\_\_ Relation to Patient:  self  spouse  guardian
Insured's Name \_\_\_\_\_ Insured Employer \_\_\_\_\_
 Bill Insurance  Bill Patient (Self Pay)  Indigent Patient  Bill Client  Medicare Waiver (ABN instructions on back)

CLINICAL INFORMATION

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_
Source:  Vaginal  EndoCervical  EctoCervical  Endometrial  Other: \_\_\_\_\_ ICD-10 Code REQUIRED: \_\_\_\_\_ (Listed on Back)
Previous  Pap (date/result) \_\_\_\_\_  Biopsy (date/result) \_\_\_\_\_
History:  LMP(Date) \_\_\_\_\_  Pregnant  Cryo Therapy  Postmenopausal  Hysterectomy  Hormonal Rx/Bcp  Vaginal pH>4.5
 Postpartum  I.U.D.  Laser Therapy  Radiation Rx  Chemo Rx  Other: \_\_\_\_\_

URINE PRESERVATIVE TRANSPORT KIT (UPT)

- 60140 CT/NG Panel\*\*  70400 Chlamydia trachomatis\*\*  70401 Neisseria gonorrhoeae\*\*  70403 Trichomonas vaginalis\*  70402 Ureaplasma urealyticum\*  70404 M. genitalium\*
\*Please include 2 Urine Tubes if requesting more than 2 tests \*by Real-Time PCR \*\*Strand Displacement Amplification

GYNECOLOGIC CYTOLOGY / MOLECULAR PATHOLOGY

- Pap Testing
 No Pap
 20020 Liquid Based Pap Test
 20001 Pap with High Risk HPV (ICD-10 Z01.419 & Z11.51, Women 30+)
Pap HPV Testing
 20089 Include Low Risk HPV
 20032 HPV reflex on ASCUS only
 20033 HPV reflex on ASCUS or LSIL
 20011 Trichomonas vaginalis\*
 20011 HPV reflex any abnormal
 20006 High Risk HPV
 70006 High Risk HPV with Genotyping
Cervical FISH Reflex Testing
 R90 on ASCUS, HPV+
 R91 on LSIL
 R92 on ASC-H
 R97 on HPV+
 60109 CT/NG Panel
 70105 Chlamydia trachomatis\*\*
 70145 Neisseria gonorrhoeae\*\*
\*\*Strand Displacement Amplification

IF NO SWAB PROVIDED - TEST PERFORMED OUT OF THE PAP VIAL \*\*\*\*

- 60003 Run All Panels
 60560 Candida Vaginitis Panel\*
 70551 Candida albicans\*
 70559 Candida glabrata\*
 70557 Candida tropicalis\*
 70558 Candida parapsilosis\*
 60135 Bacterial Vaginosis Panel\*
 70132 Gardnerella vaginalis\*
 70142 Atopobium vaginae\*
 70800 Mobiluncus mulieris\*
 70801 Mobiluncus curtisii\*
 70129 M. genitalium\*
 70130 M. hominis\*
 60200 Lactobacillus Panel\*
 70601 Lactobacillus crispatus\*
 70602 Lactobacillus jensenii\*
 70603 Lactobacillus gasseri\*
At least one BV analyte must be ordered with any Lactobacillus order
 60121 Leukorrhoea Panel
 70105 Chlamydia trachomatis\*\*
 70145 Neisseria gonorrhoeae\*\*
 70111 Trichomonas vaginalis\*
 60060 Vaginitis Panel\*
 70551 Candida albicans\*
 70111 Trichomonas vaginalis\*
 70132 Gardnerella vaginalis\*
 60002 Pregnancy Panel
 70105 Chlamydia trachomatis\*\*
 70145 Neisseria gonorrhoeae\*\*
 70142 Atopobium vaginae\*
 70320 Ureaplasma urealyticum\*
 70129 M. genitalium\*
 70130 M. hominis\*
 70111 Trichomonas vaginalis\*
 70132 Gardnerella vaginalis\*
 70142 Atopobium vaginae\*
 70800 Mobiluncus mulieris\*
 70801 Mobiluncus curtisii\*
 60007 Cervicitis Panel
 70105 Chlamydia trachomatis\*\*
 70145 Neisseria gonorrhoeae\*\*
 70129 M. genitalium\*
 70130 M. hominis\*
 70111 Trichomonas vaginalis\*
Individual Organisms
 70125 Bacteroides fragilis\*
 70126 Herpes Simplex Virus (HSV-1)\*
 71126 Herpes Simplex Virus (HSV-2)\*
 70320 Ureaplasma urealyticum\*
 70175 Eggerthella - like bacteria\*
 70164 BVAB2\*
 70165 Megasphaera species type 1\*
 71165 Megasphaera species type 2\*
 70560 Candida krusei\*
 70561 Candida kefyr\*
 70600 Varicella Zoster Virus (VZV)\*
Tests Requiring "GBS by UniPath" swab
 70127 Vaginal/Rectal Group B Strep (GBS) - ICD-10 Z36†
 70137 Vaginal/Rectal Group B Strep Antibiotic Susceptibility (GBS)†
 Copy GBS to: \_\_\_\_\_
GBS specimen collection includes 1 swab containing vaginal and anorectal sites
Other Testing
 \_\_\_\_\_
 \_\_\_\_\_
Test Number: \_\_\_\_\_
\*by Real-Time PCR
† Loop Mediated Amplification (LAMP)
\*\*Strand Displacement Amplification
\*\*\*\*Collection by UniSwabTM will expedite TAT & decrease insufficient results

TISSUE / NON-GYN CYTOLOGY SPECIMEN - Please indicate site and clinical impression

Clinical Diagnosis/History: \_\_\_\_\_
 20042 Anal Cytology w/ HR HPV  88888 Other \_\_\_\_\_
 20041 Anal Pap Only
 10005 Tissue Biopsy
 20018 FNA
 20018 Cyst Aspirate
 20002 Urine Cytology
 10015 Product of Conception
 60201 Group A Strep with C/G Strep
Use 1 ESwab for Group A Strep throat collection
A. \_\_\_\_\_
B. \_\_\_\_\_
C. \_\_\_\_\_
D. \_\_\_\_\_
For LAB USE ONLY
CYTO Accession # \_\_\_\_\_
TISSUE Accession # \_\_\_\_\_
DATE/TIME Rec'd \_\_\_\_\_
Comments: \_\_\_\_\_

Positive Patient Identification: No. CHR000001 Services available are for diagnostic purposes only - no forensic testing is performed.

SPECIMEN LABEL INSTRUCTIONS: 1. Write required information on the labels. 2. Remove necessary labels and place one (1) label on each specimen container (not on the lid).

Grid of 15 specimen labels with UniPath logo, barcode, and fields for Name, DOB, and Site.

**ADVANCED BENEFICIARY NOTICE (ABN)**

Tests are subject to coverage limitations by Medicare and may require that an Advanced Beneficiary Notice (ABN) be signed by the patient prior to obtaining the specimen. When ordered tests are likely to be denied by Medicare, please complete a separate ABN with the patient's signature. The ABN will then need to be submitted with this requisition. For a copy please call UniPath at 1-866-864-7284 or 303-512-0888.

**ICD-10 DIAGNOSIS – REQUIRED**

Below is a list of commonly used diagnosis codes; however, this list is not all-inclusive and is provided as a reference only. Please provide the most specific diagnosis code(s) related to the reason for testing. The ICD-10 code is listed with the corresponding ICD-9 code in parentheses to aid in the transition to ICD-10.

**Diagnostic: Women's Health Specific**

B95.1	GBS Infection as Cause of Disease Classified Elsewhere (041.02)
A60.00	Unspecified Genital Herpes (054.10)
B00.89	Herpes Simplex With Other Specified Complications (054.79)
B07.9	Unspecified Viral Warts (078.10)
A63.0	Condyloma Acuminatum (078.11)
B07.0	Plantar wart (078.12)
B97.7	HPV Infection as the Cause of Diseases Classified Elsewhere (079.4)
B37.3	Candidiasis of Vulva and Vagina (112.1)
N72	Cervicitis & Endocervicitis (616.0)
N76.0	Unspecified Vaginitis & Vulvovaginitis (616.10)
N87.9	Dysplasia of Cervix, Unspecified (622.10)
N87.0	Mild Dysplasia of Cervix (622.11)
N87.1	Moderate Dysplasia of Cervix (622.12)
N84.1	Cervical Polyp (622.7)
N89.9	Leukorrhea, Not Specified as Infective (623.5)
N91.2	Absence of Menstruation (626.0)
N92.1	Metrorrhagia (626.6)
N93.8	Disorders of Menstruation and Other Abnormal Bleeding from Female Genital Tract; Other (626.8)
N93.9	Disorders of Menstruation and Other Abnormal Bleedings from Female Genital Tract; Unspecified (626.9)
N95.0	Postmenopausal Bleeding (627.1)
R87.619	Abnormal Pap of Cervix (795.00)
R87.610	ASCUS of Cervix (795.01)
R87.611	ASC – H of Cervix (795.02)
R87.612	LGSIL of Cervix (795.03)
R87.613	HGSIL of Cervix (795.04)
R87.810	High Risk HPV Positive of Cervix (795.05)
R87.820	Low Risk HPV Positive of Cervix (795.09)
R85.619	Abnormal Glandular Anal Pap (796.70)
R85.610	Pap Smear of Anus, ASCUS (796.71)
R85.611	Pap Smear of Anus, ASC – H (796.72)
R85.612	Pap Smear of Anus, LGSIL (796.73)
R85.613	Pap Smear of Anus, HGSIL (796.74)
R85.81	Anal High Risk HPV DNA Test Positive (796.75)
R85.614	Pap Smear of Anus With Cytologic Evidence of Malignancy (796.76)
R85.616	Satisfactory Anal Smear but Lacking Transformation Zone (796.77)
R85.615	Unsatisfactory Anal Smear (796.78)
R85.618	Other Abnormal Smear of Anus (796.79)

**Diagnostic: Other Biopsies**

B35.1	Dermatophytosis of Nail (110.1)
C49.59	Malignant Melanoma of Other Part of Trunk (172.5)
C49.51	Malignant Melanoma of Anal Skin (172.5)
C49.52	Malignant Melanoma of Skin of Breast (172.5)
C44.291	Other Malignant Neoplasm of skin of Ear and External Auditory Canal (173.29)
C44.292	Other Malignant Neoplasm of skin of Ear and External Auditory Canal – Right (173.29)
C44.299	Other Malignant Neoplasm of skin of Ear and External Auditory Canal – Left (173.29)
C44.390	Other Malignant Neoplasm of skin, Unspecified Parts of Face (173.39)
C44.391	Other Malignant Neoplasm of skin of nose (173.39)
C44.399	Other Malignant Neoplasm of skin of other parts of face (173.39)
C44.49	Other Malignant Neoplasm of Scalp and Skin of Neck (173.49)
C44.599	Other Malignant Neoplasm of skin of trunk (173.59)
C44.590	Other Malignant Neoplasm of Anal Skin (173.59)
C44.591	Other Malignant Neoplasm of skin of breast (173.59)
C44.691	Other Malignant Neoplasm of Skin of Upper Limb, Including Shoulder (173.69)
C44.692	Other Malignant Neoplasm of Skin of Upper Limb, Including Shoulder – Right (173.69)
C44.699	Other Malignant Neoplasm of Skin of Upper Limb, Including Shoulder – Left (173.69)
C44.791	Other Malignant Neoplasm of Skin of Lower Limb, Including Hip (173.79)
C44.792	Other Malignant Neoplasm of Skin of Lower Limb, Including Hip – Right (173.79)
C44.799	Other Malignant Neoplasm of Skin of Lower Limb, Including Hip – Left (173.79)
C44.89	Other Specified Malignant Neoplasm of Other Specified Sites of Skin (173.89)
C44.99	Other Malignant Neoplasm of Skin, Site Unspecified (173.99)
C50.419	Malignant Neoplasm of Upper-Outer Quadrant of Female Breast – Unspecified Side (174.4)
C50.411	Malignant Neoplasm of Upper-Outer Quadrant of Female Breast – Right (174.4)
C50.412	Malignant Neoplasm of Upper-Outer Quadrant of Female Breast – Left (174.4)

**Diagnostic: Other Biopsies (continued)**

C53.9	Malignant Neoplasm of Cervix Uteri – Unspecified (180.9)
C54.9	Malignant Neoplasm of Corpus Uteri (182.0)
C56.9	Malignant Neoplasm of Ovary – Unspecified (183.0)
C56.1	Malignant Neoplasm of Ovary – Right (183.0)
C56.2	Malignant Neoplasm of Ovary – Left (183.0)
C80.1	Other Malignant Neoplasm of Unspecified Site (199.1)
D10.0	Benign Neoplasm of Lip (210.0)
D10.30	Benign Neoplasm of Unspecified Parts of Mouth (210.4)
D10.39	Benign Neoplasm of Other Parts of Mouth (210.4)
D12.6	Benign Neoplasm of Colon – Unspecified (211.3)
D12.0	Benign Neoplasm of Colon – Cecum (211.3)
D12.2	Benign Neoplasm of Colon – Ascending (211.3)
D12.3	Benign Neoplasm of Colon – Transverse (211.3)
D12.4	Benign Neoplasm of Colon – Descending (211.3)
D12.5	Benign Neoplasm of Colon – Sigmoid (211.3)
D12.7	Benign Neoplasm of Colon – Rectosigmoid Junction (211.3)
D17.0	Lipoma of Skin and Subcutaneous Tissue of Head, Face and Neck (214.1)
D17.9	Lipoma, Unspecified Site (214.9)
D21.10	Other Benign Neoplasm of Connective and Other Soft Tissue of Upper Limb, Including Shoulder – Unspecified (215.2)
D21.11	Other Benign Neoplasm of Connective and Other Soft Tissue of Upper Limb, Including Shoulder – Right (215.2)
D21.12	Other Benign Neoplasm of Connective and Other Soft Tissue of Upper Limb, Including Shoulder – Left (215.2)
D23.10	Other Benign Neoplasms of Eyelid, Including Canthus – Unspecified (216.1)
D23.11	Other Benign Neoplasms of Eyelid, Including Canthus – Right (216.1)
D23.12	Other Benign Neoplasms of Eyelid, Including Canthus – Left (216.1)
D23.30	Other Benign Neoplasms of Skin of Unspecified Parts of Face (216.3)
D23.39	Other Benign Neoplasms of Skin of Other Parts of Face (216.3)
D23.5	Other Benign Neoplasms of Skin of Trunk, Except Scrotum (216.5)
D23.60	Other Benign Neoplasms of Skin of Upper Limb, Including Shoulder – Unspecified (216.6)
D23.61	Other Benign Neoplasms of Skin of Upper Limb, Including Shoulder – Right (216.6)
D23.62	Other Benign Neoplasms of Skin of Upper Limb, Including Shoulder – Left (216.6)
D23.9	Other Benign Neoplasms of Skin, Site Unspecified (216.9)
D25.0	Submucous Leiomyoma of Uterus (218.0)
D25.9	Leiomyoma of Uterus – Unspecified (218.9)
D28.0	Benign Neoplasm of Vulva (221.2)
D06.9	Carcinoma In Situ of Cervix Uteri – Unspecified (233.1)
D06.0	Carcinoma In Situ of Cervix Uteri – Endocervix (233.1)
D06.1	Carcinoma In Situ of Cervix Uteri – Exocervix (233.1)
D06.7	Carcinoma In Situ of Cervix Uteri – Other Parts (233.1)
D37.01	Neoplasm of Uncertain Behavior of Lip (235.1)
D37.05	Neoplasm of Uncertain Behavior of Pharynx (235.1)
D37.09	Neoplasm of Uncertain Behavior of Other Specific Sites of the Oral Cavity (235.1)
D48.1	Neoplasm of Uncertain Behavior of Connective and Other Soft Tissue (238.1)
D48.5	Neoplasm of Uncertain Behavior of Skin (238.2)
D49.89	Neoplasm of Uncertain Behavior of Other Specified Sites (238.8)
D49.9	Neoplasm of Uncertain Behavior, Site Unspecified (238.9)
D48.0	Neoplasm of Unspecified Nature of Bone and Articular Cartilage (239.2)
D49.5	Neoplasm of Unspecified Nature of Other Genitourinary Organs (239.5)
G56.00	Carpal Tunnel Syndrome – Unspecified Upper Limb (354.0)
G56.01	Carpal Tunnel Syndrome – Right Upper Limb (354.0)
G56.02	Carpal Tunnel Syndrome – Left Upper Limb (354.0)
I78.1	Nevus, Non-Neoplastic (488.1)
K29.70	Unspecified Gastritis, Without Hemorrhage (535.50)
K29.90	Unspecified Gastroduodenitis, Without Hemorrhage (535.50)
K50.10	Regional Enteritis of Large Intestine, Without Complications (555.1)
K51.00	Ulcerative Colitis, Universal Chronic (556.6)
K52.9	Unspecified Noninfectious Gastroenteritis and Colitis (558.9)
K52.89	Other Noninfectious Gastroenteritis and Colitis (558.9)
K62.0	Anal Polyp (569.0)
K62.1	Rectal Polyp (569.0)
K90.1	Tropical Sprue (579.1)
N63	Lump of Mass in Breast (611.72)
N83.20	Unspecified Ovarian Cyst (620.2)

**Diagnostic: Other Biopsies (continued)**

N83.29	Other Ovarian Cyst (620.2)
N84.0	Polyp of Corpus Uteri (621.0)
N89.3	Dysplasia of Vagina – Unspecified (623.0)
N89.0	Dysplasia of Vagina – Mild (623.0)
N89.1	Dysplasia of Vagina – Moderate (623.0)
N84.2	Polyp of Vagina (623.7)
N89.8	Other Specified Non-Inflammatory Disorders of Vagina (623.8)
N90.89	Other Specified Non-Inflammatory Disorders of Vulva and Perineum (624.8)
N90.9	Unspecified Non-Inflammatory Disorder of Vulva and Perineum (624.9)
N94.1	Dyspareunia (625.0)
N94.6	Dysmenorrhea (625.3)
N94.9	Unspecified Symptom Associated with Female Genital Organs (625.9)
N92.0	Excessive of Frequent Menstruation with Regular Cycle (626.2)
N92.1	Excessive of Frequent Menstruation with Irregular Cycle (626.2)
N92.6	Irregular Menstrual Cycle (626.4)
N93.0	Post-coital Bleeding (626.7)
N92.4	Premenopausal Menorrhagia (627.0)
N95.1	Menopausal of Female Climacteric States (627.2)
N95.2	Postmenopausal Atrophic Vaginitis (627.3)
O02.1	Missed Abortion (632)
L25.9	Contact Dermatitis and Other Eczema, Unspecified Cause (692.9)
L91.9	Unspecified Hypertrophic Conditions of Skin (701.9)
L90.9	Unspecified Atrophic Conditions of Skin (701.9)
L57.0	Actinic Keratosis (702.0)
L82.1	Seborrheic Keratosis (702.19)
L72.11	Pilar Cyst (704.41)
L72.12	Trichilemmal Cyst (704.42)
L72.3	Sebaceous Cyst (706.2)
L98.9	Unspecified Disorder of Skin and Subcutaneous Tissue (709.9)
M67.40	Ganglion of Joint – Unspecified Site (727.41)
M67.40	Ganglion of Tendon Sheath – Unspecified Site (727.42)
M67.48	Other Ganglion, Other Site (727.49)
M67.89	Other Cyst of Synovium and Tendon, other site (727.49)
M71.38	Other Cyst of Bursa, Other Site (727.49)
M72.0	Contracture of Palmar Fascia (728.6)
R20.9	Disturbance of Skin Sensation (782.0)
R21	Rash and Other Nonspecific Skin Eruption (782.1)
R22.9	Localized Superficial Swelling, Mass or Lump – Unspecified Site (782.2)
R22.1	Swelling, Mass or Lump in Neck (784.2)
R22.0	Swelling, Mass or Lump in Head (784.2)
R19.7	Diarrhea (787.91)
R10.9	Abdominal Pain, Unspecified (789.00)
R93.8	Nonspecific Abnormal Findings on Radiological and Other Examination of Genitourinary Organs (793.5)
R87.615	Unsatisfactory Smear of Cervix (795.08)

**Screening**

Z20.2	Contact With or Exposure to Venereal Diseases (V01.6)
Z20.9	Contact With or Exposure to Unspecified Communicable Disease (V01.9)
Z87.410	Personal History of Cervical Dysplasia (V13.22)
Z77.21	Contact With and (suspected) Exposure to Potentially Hazardous Body Fluids (V15.85)
Z77.9	High Risk Screening Pap - Medicare Only (V15.89)
Z34.90	Supervision of Unspecified Normal Pregnancy – Unspecified Trimester (V22.1)
Z34.91	Supervision of Unspecified Normal Pregnancy – First Trimester (V22.1)
Z34.92	Supervision of Unspecified Normal Pregnancy – Second Trimester (V22.1)
Z34.93	Supervision of Unspecified Normal Pregnancy – Third Trimester (V22.1)
Z39.2	Postpartum Follow-Up (V24.2)
Z36	GBS Screening (V28.6)
Z01.411	Routine GYN Exam With Abnormal Findings (V72.31)
Z01.419	Routine GYN Exam Without Abnormal Findings (V72.31)
Z01.42	Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear (V72.32)
Z11.51	HPV Screening (V73.81)
Z11.8	Special Screening Examination for Unspecified Chlamydial Disease (V73.98)
Z11.3	Screening Examination for Venereal Disease (V74.5)
Z12.4	Special Screening; Cervix Routine (V76.2)
Z12.72	Special Screening; Vaginal S/P Hysterectomy (V76.47)
Z12.89	Special Screening; Other Sites (V76.49)
Z12.11	Screening, malignant neoplasm, colon (V76.51)