



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: <input type="checkbox"/> F <input type="checkbox"/> 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:** _____ ICD-10 Code REQUIRED: _____
 (Listed on Back)
 Source: Vaginal EndoCervical EctoCervical Endometrial Other: _____
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

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

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

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

MEN'S HEALTH

- Urine Preservative Transport Kit (UPT)**
 60011 Urethritis Panel
 60140 CT/NG Panel**
 70403 Trichomonas vaginalis*
 70402 Ureaplasma urealyticum*
 70404 M. genitalium*
 Please include 2 Urine Tubes if requesting more than 2 tests

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

Clinical Diagnosis/History: _____

<input type="checkbox"/> 20042 Anal Cytology w/ HR HPV	<input type="checkbox"/> 88888 Other _____
<input type="checkbox"/> 20041 Anal Pap Only	A. _____
<input type="checkbox"/> 10005 Tissue Biopsy	B. _____
<input type="checkbox"/> 20018 FNA	C. _____
<input type="checkbox"/> 20018 Cyst Aspirate	D. _____
<input type="checkbox"/> 20002 Urine Cytology	
<input type="checkbox"/> 10015 Product of Conception	
<input type="checkbox"/> 60201 Group A Strep with C/G Strep	
<i>Use 1 ESwab for Group A Strep throat collection</i>	

For LAB USE ONLY


CYTO Accession # _____

TISSUE Accession # _____

DATE/TIME Rec'd _____

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 labels. 2. Remove necessary labels and place one (1) label on each specimen container (not on the lid).

 <p>CHR000001A</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>
 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>
 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>	 <p>CHR0000017</p> <p>Name: _____ DOB: _____ Site: _____</p>

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 Eastern Carolina Pathology at 1-866-572-8452 or 252-234-2841.

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 Gastroenteritis, 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	Pre-menopausal 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 Non-specific 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	Non-specific 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)