Cleveland Clinic
Laboratories

2119 E. 93rd / L15
Cleveland, OH 44106
216.444.5755 or 800.628.6816

CYTOLOGY NON-GYNECOLOGIC TEST REQUISITION

<<FORM_ID>>

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)

Last Name | First | MI

Address | Birth Date | Sex ☐ M ☐ F

City | SS #

State | Zip | Home Phone

Hospital/Physician Office Patient ID # | Accession #

CLIENT INFORMATION

MEDICAL NECESSITY NOTICE: When ordering tests for which Medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)

BILL TO: ☐ Client/Institution ☐ Medicare ☐ Insurance (Complete insurance information below) ☐ Patient

PATIENT STATUS: ☐ Inpatient ☐ Outpatient ☐ Non-Hospital Patient Hospital discharge date: _____/_____/_____

PRIMARY: ☐ Medicare ☐ Medicaid ☐ Other Ins. _____ ☐ Self ☐ Spouse ☐ Child

Subscriber Last Name | First | MI

Beneficiary / Member # | Group #

Claims Address | City | State | Zip

SECONDARY: ☐ No ☐ Yes (if Yes, please attach)

ORDERING PHYSICIAN CONTACT

Physician Name

Physician Signature

Physician NPI#

Physician Phone

Physician Email

☐ Call Results to phone number: (_____) _____

☐ Fax report to: (_____) _____

DIAGNOSIS CODE (REQUIRED) ICD-10 Codes 1. _____ 2. _____ 3. _____

NON-GYNECOLOGIC SPECIMEN

(Please label all slides with #2 pencil or statmark pens)

SOURCE

☐ Peritoneal fluid ☐ Pericardial fluid ☐ Pleural fluid

☐ Bronchial Wash ☐ R ☐ L ☐ Bronchial Brush ☐ R ☐ L

☐ Voided Urine ☐ Instrumented Urine

☐ Fine needle aspiration biopsy (specify site): _____

☐ Other: _____

Clinical History: _____

History of Malignancy (please describe): Site: _____

MOLECULAR TESTS

Specimen Type: ☐ ThinPrep slide ☐ Cell block ☐ Fluid

Number of slides: _____

LUNG

☐ EGFR Mutational Analysis (Cytolyt®/PreservCyt® vial)

☐ FISH for ALK (Cytolyt®/PreservCyt® vial)

BLADDER

☐ FISH for Bladder Cancer

☐ FISH for Bladder Cancer with Urinary Cytology

☐ KRAS (Cytolyt®/PreservCyt® vial)

Site: _____

☐ Other: _____

<<FORM_ID>>