Cleveland Clinic Laboratories

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

CYTOLOGY PAP TEST REQUISITION

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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 #

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 (Ohio only) ☐ 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) **ABN:** ☐ No ☐ Yes

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

CLIENT INFORMATION

ORDERING PHYSICIAN CONTACT

Physician Name

Physician Signature

Physician NPI#

Physician Phone

Physician Email

☐ Call Results to phone number: (_____) _____

☐ Fax report to: (_____) _____

GYNECOLOGIC (PAP TEST)

☐ ThinPrep™

☐ Smear

☐ Surepath

Collection Date/Time: _____

SOURCE: ☐ Cervix/Endocervix

Vagina: ☐ Vault ☐ Wall

INDICATIONS FOR PAP TEST

☐ Screening Pap: routine

☐ Screening Pap: high risk of cervical cancer

☐ Diagnostic Pap Smear

LMP: _____

Previous Pap Date: _____

Result: _____

(ABN IS REQUIRED IF PREVIOUS PAP IS LESS THAN 2 YEARS AGO)

ADDITIONAL TESTS (LIQUID-BASED ONLY)

☐ Reflex HPV typing for ASCUS result (76557-HPV) (83741-HPVSP)
(IF REFLEX HPV TYPING IS CHECKED, THE SAMPLE WILL BE SENT FOR HPV TYPING ONLY IF CURRENT PAP IS ASCUS)

☐ Automatic HPV typing (76557-HPV) (83741-HPVSP)

☐ GC/Chlamydia Amplification (79830-GCCT)

☐ Chlamydia Amplification (79809-CT)

☐ CG Amplification (79810-GC)

☐ No additional testing

CLINICAL (CHECK ALL THAT APPLY TO GYN)

☐ Routine Exam

☐ Pregnant _____ wks

☐ Postpartum _____ wks

☐ Post Menopausal

☐ Post Abortion

☐ Abnormal Bleeding

☐ Hysterectomy, total

☐ Hysterectomy, subtotal

☐ Radiation Therapy

☐ Chemotherapy

☐ Cervix Conization

☐ Cryolaser

☐ Cryo of Cervix

☐ Hormone Replacement Therapy

☐ Oral Contraceptives

☐ DES Exposure

☐ IUD

☐ Colposcopy

☐ History of Malignancy (please describe)

Site: _____

*CPT codes available online at clevelandcliniclabs.com 8/2023

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