

CYTOLOGY NON-GYNECOLOGIC TEST REQUISITION

<<FORM_ID>>

<p>PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)</p> <hr/> <p>Last Name _____ First _____ MI _____</p> <hr/> <p>Address _____ Birth Date _____ Sex <input type="checkbox"/> M <input type="checkbox"/> F</p> <hr/> <p>City _____ SS # _____</p> <hr/> <p>State _____ Zip _____ Home Phone _____</p> <hr/> <p>Hospital/Physician Office Patient ID # _____ Accession # _____</p> <hr/> <p>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.</p> <p>INSURANCE BILLING INFORMATION (PLEASE ATTACH CARD OR PRINT IN BLACK INK)</p> <p>BILL TO: <input type="checkbox"/> Client/Institution <input type="checkbox"/> Medicare <input type="checkbox"/> Insurance (Complete insurance information below) <input type="checkbox"/> Patient</p> <p>PATIENT STATUS: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital Patient Hospital discharge date: ____/____/____</p> <p>PRIMARY: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid (Ohio only) <input type="checkbox"/> Other Ins. _____ <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child</p> <hr/> <p>Subscriber Last Name _____ First _____ MI _____</p> <hr/> <p>Beneficiary / Member # _____ Group # _____</p> <hr/> <p>Claims Address _____ City _____ State _____ Zip _____</p> <p>SECONDARY: <input type="checkbox"/> No <input type="checkbox"/> Yes (if Yes, please attach) ABN: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <hr/> <p>DIAGNOSIS CODE (REQUIRED) ICD-10 Codes 1. _____ 2. _____ 3. _____</p>	<p>CLIENT INFORMATION</p> <hr/> <p>ORDERING PHYSICIAN CONTACT</p> <p>Physician Name _____</p> <p>Physician Signature _____</p> <p>Physician NPI# _____</p> <p>Physician Phone _____</p> <p>Physician Email _____</p> <p><input type="checkbox"/> Fax report to: (_____) _____</p>			
<p>NON-GYNECOLOGIC SPECIMEN (Please label all slides with #2 pencil or statmark pens)</p> <p>Collection Date/Time: _____</p> <p>SOURCE</p> <p><input type="checkbox"/> Peritoneal fluid <input type="checkbox"/> Pericardial fluid <input type="checkbox"/> Pleural fluid</p> <p><input type="checkbox"/> Bronchial Wash <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> Bronchial Brush <input type="checkbox"/> R <input type="checkbox"/> L</p> <p><input type="checkbox"/> Voided Urine <input type="checkbox"/> Instrumented Urine</p> <p><input type="checkbox"/> Fine needle aspiration biopsy (specify site): _____</p> <p><input type="checkbox"/> Other: _____</p>	<p>Clinical History: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>History of Malignancy (please describe): Site: _____</p> <p>_____</p> <p>_____</p>			
<p>MOLECULAR TESTS</p> <table style="width:100%;"> <tr> <td style="width:33%;"> <p>Specimen Type:</p> <p><input type="checkbox"/> ThinPrep Slide (Number of slides: _____)</p> <p><input type="checkbox"/> Fresh Fluid</p> <p><input type="checkbox"/> Preserved Fluid: Preservative: <input type="checkbox"/> PreservCyt® <input type="checkbox"/> Cytolyt®</p> <p><input type="checkbox"/> Cell Block: Fixation Type: <input type="checkbox"/> Formalin <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Unstained slides (must send 10 USS 7 microns with H&E Slide)</p> </td> <td style="width:33%;"> <p>CC-SIGN® TOP NGS Panel</p> <p><input type="checkbox"/> Includes <i>BRAF, EGFR, ERBB2/HER2, KRAS, MET, DDR, MET exon 14 skipping, ALK/RET/ROS1</i> fusions + pan cancer markers.</p> </td> <td style="width:33%;"> <p>FISH*</p> <p><input type="checkbox"/> FISH for Bladder Cancer with Urinary Cytology</p> <p><input type="checkbox"/> FISH for Bladder Cancer</p> <p><input type="checkbox"/> FISH for <i>ROS1</i></p> <p><input type="checkbox"/> FISH for <i>RET</i></p> <p><input type="checkbox"/> FISH for <i>ALK</i></p> <p>*Cell blocks submitted for FISH must be formalin fixed. Alcohol fixed cell blocks will be rejected.</p> </td> </tr> </table>		<p>Specimen Type:</p> <p><input type="checkbox"/> ThinPrep Slide (Number of slides: _____)</p> <p><input type="checkbox"/> Fresh Fluid</p> <p><input type="checkbox"/> Preserved Fluid: Preservative: <input type="checkbox"/> PreservCyt® <input type="checkbox"/> Cytolyt®</p> <p><input type="checkbox"/> Cell Block: Fixation Type: <input type="checkbox"/> Formalin <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Unstained slides (must send 10 USS 7 microns with H&E Slide)</p>	<p>CC-SIGN® TOP NGS Panel</p> <p><input type="checkbox"/> Includes <i>BRAF, EGFR, ERBB2/HER2, KRAS, MET, DDR, MET exon 14 skipping, ALK/RET/ROS1</i> fusions + pan cancer markers.</p>	<p>FISH*</p> <p><input type="checkbox"/> FISH for Bladder Cancer with Urinary Cytology</p> <p><input type="checkbox"/> FISH for Bladder Cancer</p> <p><input type="checkbox"/> FISH for <i>ROS1</i></p> <p><input type="checkbox"/> FISH for <i>RET</i></p> <p><input type="checkbox"/> FISH for <i>ALK</i></p> <p>*Cell blocks submitted for FISH must be formalin fixed. Alcohol fixed cell blocks will be rejected.</p>
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TEST DIRECTORY: <https://clevelandcliniclabs.com/test-directory/>