MEADVILLE MEDICAL CENTER | MORE THAN A HOSPITAL

1034 Grove Street
751 Liberty Street
Meadville, PA 16335
(814) 333-5000
www.mmchs.org

* O R D E R S *

PAP Cytology Requisition

Meadville Medical Center Laboratory
751 Liberty Street, Meadville, PA 16335
Phone 814-333-5511 Fax 814-333-5195

Form 40229
Rev 6/23

MEDICAL PATIENT DATA

Last name, First name:

Location:

Patient Number:

Date of Birth:

Sex: M_____ F _____

Patient ID/Social Security Number:

Date Collected:

Time Collected:

Referring Physician Signature: Date Time AM/PM

PATIENT AND INSURANCE BILLING INFO

Address:

Street Address: _____

City: _____

State: _____ Zip Code: _____

Other Copies:

GYN/CYT TEST OFFERINGS:

ThinPrep PAP Testing

____ ThinPrep Pap
____ ThinPrep Pap, w/reflex HPV (ASCUS)
____ ThinPrep Pap & HPV
____ HPV mRNA E6/E7w/reflex HPV 16,18/45

Molecular Testing RNA, TMA

____ Chlamydia trachomatis
____ Neisseria gonorrhoeae
____ Trichomonas vaginalis

ICD-10 DIAGNOSIS _____
(MANDATORY) _____

Insurance Info:

ID# _____ Group #_____

Address:

_____

_____

Subscriber:

_____

Self _____ Spouse _____ Dependent _____

Clinical History (Date of Birth, LMP and source are required)

SOURCE:

____ **ECC [Endocervix]**
____ **VG [Vaginal]**
____ **CX [Cervix]**

LMP: _____

DOB: _____

prev pap: _____

Clinical History: (Check all that apply)

_____ no Pap last 7 yrs	_____ 5 or more full term pregnancies	_____ normal exam
_____ Hx of abnormal Pap/Bx within 3yrs	_____ immunocompromised patient	_____ repeat pap
_____ postmenopausal bleeding	_____ other high risk factor	_____ pregnant ___ wks
_____ postcoital bleeding	_____ abnormal bleeding, NOS	_____ oral contraceptives
_____ abnormal GYN exam	_____ hysterectomy, total	_____ postpartum___wks
_____ high risk HPV Hx	_____ hysterectomy, intact cx	_____ hormone therapy
_____ prior GYN malignancy - pelvic radiation		_____ postmenopause,___ yr
_____ family Hx cervical CA - vaccinated for HPV		_____ cigarette smoker

_____ IUD Other(explain)_____

PHYSICIAN OFFICES: PLEASE MARK BELOW
Please check reason for testing:
_____ **Diagnostic**
_____ **Screening**