GYN Pathology

True Partners in Laboratory Diagnostics

GY 1006

Alliance Laboratories of Westchester
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PATIENT INFORMATION

Last Name	First Name		
Address		Apt #	
City	State	Zip Code	
Phone	Sex	Age	DOB
Social Security #	Medical Record #		

COLLECTION INFORMATION

Date: ____/____/____

Time: ____:____ am/pm

LAB USE ONLY

Case #: _____

Date Received: ____/____/____

Time Received: _____

BILLING INFORMATION

Name of Insured		
Company Name		
Street Address		
City	State	DOB
Policy #	Group #	
Medicare/ Medicaid #	Referral #	

ACCOUNT INFORMATION

PRE-OPERATIVE Dx. (Clinical History)

Clinical History:
- ☐ LMP ____/____/____
- ☐ Hysterectomy
- ☐ Post-menopausal, _____ yrs
- ☐ Pregnant ____ wks
- ☐ Postpartum ____ wks
- ☐ IUD
- ☐ Other _____

Previous Pap: ____/____/____
- ☐ No pap within last 7 years
- ☐ HR HPV or Abn pap Hx/Rx
- ☐ Abnormal Bleeding (postcoital or post-menopausal)
- ☐ Hormones (HRT, BCP, Depo)
- ☐ Personal/family Hx GYN CA
- ☐ Pelvic Radiation
- ☐ Cervix surgically removed

GYN CYTOLOGY

SPECIMEN SOURCE: ☐**Cervix** ☐**Vagina**

ThinPrep®:
- ☐ Pap Test
- ☐ Pap Test & HR HPV Reflex/ASCUS
- ☐ Pap Test & HR HPV
- ☐ Pap Test & HR HPV w/ Genotype 16, 18/45
- ☐ CHLAMYDIA & GONORRHEA
- ☐ TRICHOMONAS VAGINALIS

☐ **Traditional** PAP SMEAR (1-2 SLIDES)

Please check one box in this section:
- ☐ SCREENING PAP: Routine w/o abnormal findings (**Z01.419**)
- ☐ SCREENING PAP: Routine with Abnormal Findings (**Z01.411**)
- ☐ SCREENING PAP: Encounter for screening for malignant neoplasm of cervix (**Z12.4**)
- ☐ DIAGNOSTIC PAP: History, signs or symptoms of abnormality **ICD-10 code:** _____

NON-GYN CYTOLOGY

Specimen: Urine
Test(s) required. Please check box.

- ☐ Cytology
- ☐ UroVysion
- ☐ Chlamydia/Gonorrhea
- ☐ Cytology + UroVysion
- ☐ Cytology + Chlamydia/Gonorrhea
- ☐ Cytology + UroVysion + CT/GC

HISTOLOGY

TISSUE SUBMITTED	ICD-10 Code
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

ICD-10 Codes

The following is a partial list of ICD-10 diagnosis codes pertinent to women's health care. Refer to a current ICD-10 manual for a complete listing:

Z33.1 Pregnant state, incidental
Z11.8 Chlamydial Trachomatis Screening
Z11.59 Screening for other viral diseases
Z11.3 Venereal Disease Screening
Z12.4 Routine Cervical Pap
A63.0 Anogenital Warts
B97.7 Human Papillomavirus
N72 Cervical Inflammation
N76.0 Vaginitis, Unspecified
N87.9 Dysplasia of Cervix, unspecified
N84.1 Polyp of cervix uteri
N89.3 Dysplasia of Vagina
N90.4 Leukoplakia of Vulva
N90.9 Unspecified disorder of vulva
N92.5 Abnormal Bleeding
N95.0 Postmenopausal Bleeding
N95.2 Atrophic Vaginitis
R87.619 Abnormal Pap, Cervix
R87.610 ASCUS, Cervix
R87.611 ASC-H, Cervix
R87.612 LGSIL, Cervix
R87.613 HGSIL, Cervix
R87.615 Unsatisfactory Sample

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Non-Medicare Patients: I hereby authorize Alliance Laboratories of Westchester to furnish my designated insurance carrier the information on this form if necessary for reimbursement. I also authorize benefits to be payable to Alliance Laboratories of Westchester. I understand that I am responsible for any amount not paid by insurance for reasons including, but not limited to, non-authorized services. I permit a copy of this authorization to be used in place of the original.

Patient/Responsible Party Signature: _____