INTEGRATED
PATHOLOGY

SCIENTIFIC DIAGNOSES AND LABORATORY SOLUTIONS

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GYNECOLOGIC PATHOLOGY REQUISITION

CLIENT INFORMATION:

PATIENT INFORMATION

Patient Name: ____________________________
(LAST, FIRST)

DOB: ______________ Age: _____ Gender: ☐ Male ☐ Female

Street Address: ____________________________

City: ______________ State: ________ Zip Code: __________

Patient ID #: ______________ SSN#: ______________

Submitting Physician: ____________________________

Patient Phone #: ______________ Referring Physician: ______________

Date of Collection: ______________ Time of Collection: __________

BILLING INFORMATION

Please provide the current ICD-9 code(s): ______________

Please complete billing information below or attach a separate sheet and a copy of insurance card with the necessary information:

Insurance Company State Name of Employer

____

Policy No. Group No.

____

Insurance Company Street Address City State Zip Code

____

Name of Insured (if other than patient): ______________

Patient's relationship to insured: ☐ Spouse ☐ Child ☐ Other, Explain

IPS Pathologists may order additional testing based on medical necessity.

CLINICAL DATA

PERTINENT MEDICAL HISTORY: Please check all that apply. If checked, please specify Date & Diagnosis in the ADDITIONAL NOTES section.

- ❑ Abnormal Pap
- ❑ HPV Positive
- ❑ IUD
- ❑ Post Menopausal
- ❑ Pregnancy
- ❑ Oral Contraceptives
- ❑ Previous Cone/LEEP
- ❑ Previous Colposcopy
- ❑ Hysterectomy
- ❑ Neoplasm of Ovary
- ❑ Neoplasm of Cervix
- ❑ Tubal Ligation
- ❑ Neoplasm of Uterus
- ❑ Neoplasm Vulva/Vagina
- ❑ Hormonal Therapy
- ❑ Chemotherapy
- ❑ Radiation
- ❑ Other __________

ACCUSWAB™

❑ **Bacterial Vaginosis Panel**

The panel above includes all tests below:

- ❑ Bacteroides Fragilis
- ❑ Gardnerella Vaginalis
- ❑ Mobiluncus Mulieris
- ❑ Mobiluncus Curtisii
- ❑ Atopobium Vaniae

❑ **Candida Vaginitis Panel**

The panel above includes all tests below:

- ❑ Candida Albicans
- ❑ Candida Parapsilosis
- ❑ Candida Tropicalls
- ❑ Candida Glabrate

❑ **Leukorrhea Panel**

The panel above includes all tests below:

- ❑ Chlamydia Trachomatis
- ❑ Neisseria Gonorrhoeae
- ❑ Trichomonas Vaginalis

❑ **Urogenital Mycoplasma & Ureaplasma Panel**

The panel above includes all tests below:

- ❑ Mycoplasma Genitallum
- ❑ Mycoplasma Hominis
- ❑ Ureaplasma Urealyticum

- ❑ Cystic Fibrosis Mutation Screening (28 Mutations)
- ❑ Herpes Simplex Virus - HSV 1&2
- ❑ HPV Genotyping (HR)
- ❑ HPV Genotyping (LR)
- ❑ Group B Streptococcus (GBS)
- ❑ Cytomegalovirus (CMV)

SPECIMEN

Specimen	Specimen Designation	Anatomic Location	Surgical Procedure
A			
B			
C			
D			
E			
F			

ADDITIONAL NOTES

IPS USE ONLY: Received Date & Time: Assigned Case #: