Pacific Rim PATHOLOGY

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CLIENT INFORMATION

Patient's Last Name | First | M.I. | SSN

Sex: M F | DOB | Age | Collection Date | MRN

Address of Patient (or of Insured/Responsible Party if not the Patient)

City | State | Zip | Name of Insured/Responsible Party if not the Patient

Relationship to Insured/Responsible Party: ___Self ___Spouse ___Dependent | Patient Phone #

Insurance Information (please attach copy of insurance card, front & back):

Insurance Co. Name: _____

Member/Insured ID #: _____ Group #: _____

Insurance Address: _____ City: _____ State: _____ Zip: _____

MediCare #: _____ MediCal #: _____

ICD-10 DIAGNOSIS CODE(S): REQUIRED

Pap Smear- Medicare/Medi-Cal- Please check ONE:

- ☐ Diagnostic Pap: history of abnormality or signs of symptoms of medical necessity (ICD-10 code above)
- ☐ Screening Pap: routine (reimbursable once every 2 yrs)
- ☐ Screening Pap: high risk factor: _____
- ☐ Pap Smear: non-covered services (attach signed ABN)

Insurance Category:

- ☐ Medicare
- ☐ Medi-Cal
- ☐ Self Pay (bill patient)
- ☐ Private Pay/PPO

GYN CYTOLOGY

Source

- ☐ **Cervical**
- ☐ **Vaginal**
- ☐ **Anal (non-gyn)**
- ☐ **Other:** _____

LMP: _____

Check all that apply:

- ☐ Pregnant
- ☐ Post-Partum
- ☐ Post-Menopausal
- ☐ Abnormal Bleeding
- ☐ Total Hysterectomy
- ☐ Partial Hysterectomy
- ☐ Chemo/Radiation
- ☐ Hormones
- ☐ IUD ☐ Leep/Cone
- ☐ BCP ☐ Depo-Provera

Prev Acc# _____ **Date:** _____

Dx _____

Age-Based Screening:

Women 21-24:

- ☐ ThinPrep **Pap** with imaging and **CT/NG**. **Reflex to HPV** if pap result is ASCUS.
  - ○ Reflex to 16, 18/45 genotyping if HPV +

SCMG Women 16-24

- ☐ ThinPrep pap and Chlamydia

Women 25-29:

- ☐ ThinPrep **Pap** with imaging. **Reflex to HPV** if pap result is ASCUS.
  - ○ Reflex to 16, 18/45 genotyping if HPV +
- ☐ ThinPrep **Pap** with imaging and **CT/NG** (for patients with risk factors). **Reflex to HPV** if pap result is ASCUS.
  - ○ Reflex to 16, 18/45 genotyping if HPV +

Women 30-65:

- ☐ ThinPrep **Pap** with Imaging and **HPV** regardless of pap result. Reflex to 16, 18/45 genotyping if HPV +
- ☐ ThinPrep **Pap** with imaging and **HPV** regardless of pap result, plus **CT/NG** (for patients with risk factors) Reflex to 16, 18/45 genotyping if HPV +

Individual GYN Test Menu

- ☐ ThinPrep Pap with Imaging
  - ☐ HPV on ASCUS
    - ○ Reflex 16/18 on positive HPV
  - ☐ HPV on ASCUS and Above
    - ○ Reflex 16/18 on positive HPV
  - ☐ HPV Regardless
    - ○ Reflex 16/18 on positive HPV
- ☐ HPV only
  - ○ Reflex 16/18 on positive HPV
- ☐ CT/NG
- ☐ Chlamydia trachomatis (CT)
- ☐ Neisseria gonorrhea (NG)
- ☐ Trichomonas vaginalis

NON-GYN CYTOLOGY

Lt Rt

- ☐ ☐ Thyroid FNA ☐ Cystic ☐ Solid
- ☐ ☐ Breast FNA
- ☐ ☐ Breast Halo
- ☐ ☐ Nipple Discharge
- ☐ ☐ L.Node FNA Site: _____
- ☐ ☐ Pleural Fluid
- ☐ ☐ Bronchial Washing
- ☐ ☐ Bronchial Brushing
- ☐ ☐ Sputum ☐ Expectr ☐ Induced
- ☐ ☐ Peritoneal Fluid
- ☐ ☐ Peritoneal Washing
- ☐ ☐ CSF
- ☐ ☐ Urine ☐ Voided ☐ Cathet

Lt Rt

☐ ☐ Other, specify source and method:

SURGICAL BIOPSY/TISSUE

Please List:

1.) _____
2.) _____
3.) _____
4.) _____
5.) _____
6.) _____

Clinical Dx, Pertinent History and operative findings and additional request:

Name: _____ Specimen: _____ DOB ____/____/____

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Name: _____ Specimen: _____ DOB ____/____/____

Name: _____ Specimen: _____ DOB ____/____/____

Name: _____ Specimen: _____ DOB ____/____/____