



**Instructions:** Send a completed copy of this form with the specimen. Patient name must be clearly indicated on the specimen and must match the paperwork.

**Patient Information (required)**

Patient Name (Last, First Middle)		Birth Date (mm-dd-yyyy)
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	
Patient ID (Medical Record Number, if available)		

**Referring Provider Information**

Referring Provider Name (Last, First)	Phone	Fax*
Other Contact Name (Last, First)	Phone	Fax*

\*Fax number given must be from a fax machine that complies with applicable HIPAA regulations.

**Reason for Testing (required)**


**Complete All Information Below**

Collection Date (mm-dd-yyyy)	Collection Time (hh:mm) <input type="checkbox"/> am <input type="checkbox"/> pm	Last Menstrual Period (LMP) (mm-dd-yyyy)
Source (check one) <input type="checkbox"/> Cervical/Endocervical <input type="checkbox"/> Vaginal	Patient Is (check one) <input type="checkbox"/> Pregnant <input type="checkbox"/> Postpartum <input type="checkbox"/> Postmenopausal <input type="checkbox"/> Surgical procedure hysterectomy	Contraceptives <input type="checkbox"/> Intrauterine Device (IUD) <input type="checkbox"/> Depo-Provera (shot) <input type="checkbox"/> Oral contraceptives
Pertinent Clinical History		

**Papanicolaou (PAP) Smear Testing** Check one test below. **Client account must have approval prior to ordering testing.**

Screen*			Diagnostic**		
TPRPS	<input type="checkbox"/>	ThinPrep Screen, Varies	TPRPD	<input type="checkbox"/>	ThinPrep Diagnostic, Varies
STHPV	<input type="checkbox"/>	ThinPrep Screen with Human Papillomavirus (HPV) Reflex, Varies	DTHPV	<input type="checkbox"/>	ThinPrep Diagnostic with Human Papillomavirus (HPV) Reflex, Varies
STPCO	<input type="checkbox"/>	ThinPrep with Human Papillomavirus (HPV) Co-Test-Screen, Varies	DTPCO	<input type="checkbox"/>	ThinPrep with Human Papillomavirus (HPV) Co-Test-Diagnostic, Varies
CPAPS	<input type="checkbox"/>	Conventional Smear-Screen, Varies	CPAPD	<input type="checkbox"/>	Conventional Smear-Diagnostic, Varies

\* Screen: Routine Exam. No current symptoms. No previous abnormal finding.

\*\* Diagnostic: Previous abnormal Pap findings, signs or symptoms, or has significant complaints related to female reproductive system. **(describe above)**