



1901 EAST LINDEN AVE. T: (908) 474-1004  
 SUITE 4, LINDEN, NJ 07036 F: (908) 474-0032

REFERENCE  
 MEDICAL LAB<sup>SM</sup>

Specimen #  
 For Lab Use ONLY

GYN

PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Middle Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  F  M

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Floor \_\_\_\_\_ Room # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Care of/Guardian \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Pt. ID \_\_\_\_\_

Physician

Date Ordered

BILLING INFORMATION

Bill Medicare  Bill Medicaid  Bill Insurance

Insurance Name \_\_\_\_\_ Insurance ID# \_\_\_\_\_ Group #/Category # \_\_\_\_\_ Insured Name \_\_\_\_\_  
 (if different from patient)

Insurance Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

ICD9/Diagnosis Codes \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

RELATIONSHIP

Self  Spouse  Child  Other \_\_\_\_\_

TYPE OF SPECIMEN

<input type="checkbox"/> RIGHT BREAST	<input type="checkbox"/> LEFT BREAST	<input type="checkbox"/> POC	<input type="checkbox"/> VULVA	<input type="checkbox"/> VAGINA	<input type="checkbox"/> CERVIX	<input type="checkbox"/> ECC
<input type="checkbox"/> ENDOMETRIUM	<input type="checkbox"/> CURETTE	<input type="checkbox"/> PIPELLE	<input type="checkbox"/> STOMACH	<input type="checkbox"/> COLON	<input type="checkbox"/> ANUS	<input type="checkbox"/> SKIN
<input type="checkbox"/> ESOPHAGUS	<input type="checkbox"/> SMALL INTESTINE	<input type="checkbox"/> ORAL CAVITY	<input type="checkbox"/> BONE MARROW	<input type="checkbox"/> PERIPHERAL SMEARS	<input type="checkbox"/> SCALP	
<input type="checkbox"/> MARROW CLOT (FORMALIN)		<input type="checkbox"/> MARROW SMEAR				

LEFT PROSTATE  APEX  MID  BASE RIGHT PROSTATE  APEX  MID  BASE OTHER LOCATION \_\_\_\_\_

FOR COLPOSCOPY, CIRCLE LOCATION



COLPOSCOPY FINDINGS

NUMBER OF TISSUE FRAGMENTS SUBMITTED: \_\_\_\_\_  CHECK IF BIOPSY IS < THAN 1MM

SHAVE BIOPSY  PUNCH BIOPSY  PARTIAL EXCISION  CURATIVE EXCISION WITH MARGINS

SIMILAR LESIONS PRESENT:  SOLARITY  SEVERAL  NUMEROUS

PREVIOUS BIOPSIES: SPECIMEN NO. / DATES: \_\_\_\_\_

PREVIOUS BIOPSIES AT SAME SITE: \_\_\_\_\_ PREVIOUS DX: \_\_\_\_\_

G.I. SPECIMENS:  BLEEDING  PAIN

GYN SPECIMENS:  LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_  BLEEDING  HORMONES

PREVIOUS PAP DX: \_\_\_\_\_ PAP NO: \_\_\_\_\_

PERTINENT HISTORY: \_\_\_\_\_ CLINICAL DX: \_\_\_\_\_

FOR LABORATORY USE:

\_\_\_\_\_

