

**ORDERING PHYSICIAN'S NAME AND ADDRESS**

**PATIENT'S INFORMATION** *Please provide clear copies of patient photo ID and insurance card(s)*

PATIENT LAST NAME		FIRST NAME	MIDDLE	GENDER <input type="checkbox"/> M <input type="checkbox"/> F
DATE OF BIRTH (MM/DD/YY)	CELL PHONE	EMAIL		
ADDRESS				APT:#
CITY	STATE	ZIP		

**INSURANCE INFORMATION**

**SPECIMEN COLLECTION**

<input type="checkbox"/> BILL INSURANCE		PRIMARY INSURANCE	SECONDARY INSURANCE	DATE
<input type="checkbox"/> BILL PATIENT	INSURANCE			TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> BILL MEDICAL PRACTICE	MEMBER ID			

**SOURCE**

**HISTORY**

<input type="checkbox"/> CERVICAL <input type="checkbox"/> ENDOCERVICAL	<input type="checkbox"/> NORMAL EXAM <input type="checkbox"/> POSTPARTUM <input type="checkbox"/> HORMONE THERAPY	LMP
<input type="checkbox"/> VAGINAL <input type="checkbox"/> OTHER	<input type="checkbox"/> ABN GYN EXAM <input type="checkbox"/> HYSTERECTOMY <input type="checkbox"/> OTHER	
	<input type="checkbox"/> PREGNANT <input type="checkbox"/> POST MENOPAUSAL	

**PAP / HPV from ThinPrep**

**BIOPSIES**

PAP <input type="checkbox"/> AccuPAP	GYN <input type="checkbox"/> AccuPAP with reflex to HPV (High Risk) if ASCUS	<input type="checkbox"/> BIP1 Biopsy	<input type="checkbox"/> BIP3 Biopsy
HPV <input type="checkbox"/> HPV (High Risk)	3260 <input type="checkbox"/> AccuPAP w/reflex to HPV (High Risk) if ASCUS or greater	SOURCE: _____	SOURCE: _____
GHPV <input type="checkbox"/> AccuPAP with HPV (High Risk)		<input type="checkbox"/> BIP2 Biopsy	<input type="checkbox"/> BIP4 Biopsy
		SOURCE: _____	SOURCE: _____

**PANELS**

*Please Select a Source*

6105 <input type="checkbox"/> <b>STI ESSENTIAL</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Anal swab (CT/GC only)	<input type="checkbox"/> Male/Female Urine in sterile cup transferred in Aptima urine tubes <input type="checkbox"/> Aptima® Vaginal Swab (patient collected) (CT/GC only) <input type="checkbox"/> Throat swab (CT/GC only)	<b>CT</b> <input type="checkbox"/> Chlamydia trachomatis <b>GC</b> <input type="checkbox"/> Neisseria gonorrhoeae <b>TPTR</b> <input type="checkbox"/> Trichomonas vaginalis
MGEN <input type="checkbox"/> <b>MYCOPLASMA GENITALIUM</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Male urethral swab	<input type="checkbox"/> Male/Female Urine in sterile cup transferred in Aptima urine tubes <input type="checkbox"/> Aptima® Vaginal Swab (patient collected) <input type="checkbox"/> Aptima® penile meatal swab (patient collected)	MGEN <input type="checkbox"/> Mycoplasma genitalium
BVG 1 <input type="checkbox"/> <b>BACTERIAL VAGINOSIS</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Z722 <input type="checkbox"/> Megasphaera Type 1 Z698 <input type="checkbox"/> Mobiluncus spp Z720 <input type="checkbox"/> Atopobium vaginae	Z696 <input type="checkbox"/> Bacteroides Fragilis Z724 <input type="checkbox"/> BV associated bacteria2 Z718 <input type="checkbox"/> Gardnerella vaginalis Z694 <input type="checkbox"/> Lactobacillus spp (lacto)
5664 <input type="checkbox"/> <b>CANDIDIASIS</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Y756 <input type="checkbox"/> Candida glabrata Y738 <input type="checkbox"/> Candida tropicalis Y772 <input type="checkbox"/> Candida krusei	Y724 <input type="checkbox"/> Candida albicans Y736 <input type="checkbox"/> Candida parapsilosis Z732 <input type="checkbox"/> Candida dubliniensis Z730 <input type="checkbox"/> Candida lusitanae
5666 <input type="checkbox"/> <b>AEROBIC VAGINITIS</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab	Z787 <input type="checkbox"/> Lactobacillus spp. (Lacto) Z789 <input type="checkbox"/> Escherichia coli Z755 <input type="checkbox"/> Staphylococcus aureus	Z791 <input type="checkbox"/> Enterococcus faecalis Z793 <input type="checkbox"/> Streptococcus pyogenes Z795 <input type="checkbox"/> Streptococcus agalactiae Z785 <input type="checkbox"/> Lactobacillus rhamnosus
7230 <input type="checkbox"/> <b>MYCOPLASMA / UREAPLASMA</b>	<input type="checkbox"/> ThinPrep <input type="checkbox"/> Aptima® Vaginal Swab <input type="checkbox"/> Male/Female Urine in sterile cup	Mycoplasma genitalium Mycoplasma hominis Ureaplasma urealyticum	
0917 <input type="checkbox"/> <b>HERPES SIMPLEX VIRUS</b>	<input type="checkbox"/> Anogenital lesion swab	0916 <input type="checkbox"/> Herpes Simplex Type-1 006 <input type="checkbox"/> Herpes Simplex Type-2	
6440 <input type="checkbox"/> <b>GROUP B STREPTOCOCCUS</b>	<input type="checkbox"/> Vaginal/Rectal Swab in Liquid Stuart's/Amies Medium	Z690 <input type="checkbox"/> Streptococcus agalactiae	
6305 <input type="checkbox"/> <b>URINARY TRACT INFECTION (UTI)</b>	<input type="checkbox"/> Urine Culture Tube	<input type="checkbox"/> R258 Enterococcus species Enterococcus faecium (Efm) Enterococcus faecalis (Efs) <input type="checkbox"/> P945 Klebsiella species Klebsiella aerogenes (KA) Klebsiella oxytoca (KO) Klebsiella pneumoniae (KP) <input type="checkbox"/> P944 Staphylococcus species Staphylococcus aureus (SA) Staphylococcus saprophyticus (SS) Staphylococcus epidermidis (SE) <input type="checkbox"/> P829 Proteus species Proteus vulgaris (PV) Proteus mirabilis (PM) <input type="checkbox"/> P656 Escherichia species Escherichia coli (EC)	<input type="checkbox"/> P830 Citrobacter species Citrobacter freundii (CF) Citrobacter koseri (CK) <input type="checkbox"/> P928 Candida species Candida albicans (CA) Candida other (CG,CP,CT,CK) <input type="checkbox"/> Q208 Pseudomonas species Pseudomonas aeruginosa (PA) <input type="checkbox"/> Q131 Enterobacter species Enterobacter cloacae complex (ECC) <input type="checkbox"/> Q447 Serratia species Serratia marcescens (SM) <input type="checkbox"/> Q036 Streptococcus species Streptococcus agalactiae (GBS) <input type="checkbox"/> Q048 Aerococcus species Aerococcus urinae (AU) <input type="checkbox"/> Q211 Corynebacterium species Corynebacterium urealyticum (CU) <input type="checkbox"/> Q274 Morganella species Morganella morganii (MM) <input type="checkbox"/> Q918 Acinetobacter species Acinetobacter baumannii (AB) <input type="checkbox"/> Q033 Providencia species Providencia stuartii (PS)

**ICD-10 / DIAGNOSES**

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PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_