Pathology Solutions, LLC
246 Industrial Way West, Eatontown, NJ 07724
Phone: 732-389-5200 Fax: 732-389-5299

DATE OF COLLECTION:

TIME OF COLLECTION:

Cyto/Tissue Requisition

PATIENT INFORMATION

Last	First	DOB / /	Sex Male Female	SS #
Address		Race	Chart	Home Ph:
City		State	Zip Code	Work Ph:

INSURANCE INFORMATION

Copy of insured card front and back may be submitted.

PRIMARY INSURANCE		SECONDARY INSURANCE	
Insurance Carrier:		Insurance Carrier:	
Name of Insured:		Named of Insured:	
Relationship to Patient:		Relationship to Patient:	
ID#:	Group#:	ID#:	Group#:

CC: Dr.

ICD Diagnosis Codes:

LMP & SOURCE

AURORA DIAGNOSTICS
PROOF

LMP: / /	Prev. Pap / /	Prev Bx / /

SOURCE:
- CX __________________ Cervical
- EX __________________ Endocervical
- VG __________________ Vaginal

Results:

GYN Cytology

- ☐ Liquid Based Pap Test
- ☐ Liquid Based Pap Test Reflex High Risk HPV
  (Reflex HPV only from ASC-US interpretation)
- ☐ Liquid Based Pap & High Risk HPV
  (For age 30 and over)
- ☐ Chlamydia Trachomatis DNA, SDA
- ☐ Neisseria Gonorrhoeae DNA, SDA
- ☐ Chlamydia/N. Gonorrhoeae DNA, SDA
- ☐ Other ____

Non-GYN Cytology Tests

- ☐ Sputum
- ☐ Urine

CT _____ cath VD _____ void

- ☐ Thyroid FNA

LT ____ RG ____ SD ____ CY ____

- ☐ Brushing, Source:
- ☐ Other, Source:

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Clinical History

- NO ☐ No Pap Test w/in 7 Yrs
- HXL ☐ Hx of LSIL or Higher Pap/Bx
- HXA ☐ ASCUS/AGUS Pap/Bx w/in 2 Yrs:
- MB ☐ Postmenopausal Bleeding
- CB ☐ Postcoital Bleeding
- XM ☐ Abnormal GYN Exam
- HXP ☐ HPV Hx/Rx
- CA ☐ GYN Malignancy; Hx/Rx
- NL ☐ Normal Exam
- PG ☐ Pregant
- PP ☐ Postpartum
- HO ☐ Hormone Therapy
- BCP ☐ Oral Contraceptives
- HY ☐ Hysterectomy
- PM ☐ Postmenopausal
- XR ☐ Pelvic Radiation
- OHR ☐ Other High Risk Factor

Specify:

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Tissue Pathology Tests

Specific Anatomic Sites(s)

REFERRING PHYSICIAN INFORMATION

- ☐
- ☐
- ☐
- ☐

(Doctor signature required)