



CYTOPATHOLOGY REQUISITION

YORK HOSPITAL – ANATOMIC PATHOLOGY
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GETTYSBURG HOSPITAL-LABORATORY
147 Gettys Street, Gettysburg, PA 17325
Telephone (717) 337-4120

Lab use only: Encounter # _____ MR# _____ Accession# _____

Patient's Full Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

MR# or SS#: _____ DOB: / / Male Female

Submitting Practitioner's PRINTED Full Name: _____

Submitting Practitioner's SIGNATURE: _____

Address: _____ Phone: _____ Copy To: _____

INSURANCE: For outpatients, copy front and back of insurance card(s) and attach to requisition
Medicare patients MUST have a signed ABN form attached to the requisition for PAP testing.

*******ICD Diagnosis Code(s) REQUIRED for EACH Test Request*******

ICD DX Code(s): 1. _____ 2. _____ 3. _____ 4. _____

Collection Date: / / Collection Time: _____ Priority

Specimen SOURCE: _____ Correlating Surgical Pathology Specimen Submitted

GYN

Test(s) Requested: (Check All that Apply)

- PAP
- HPV Reflex if PAP is ASCUS
- HPV with Any PAP Diagnosis
- HPV Only
- GC PCR
- Chlamydia (CT) PCR

CLINICAL INFORMATION (Required by Federal Regulations)

LMP Date (or estimate): / / Hyster(no cervix) PMP Pregnant Postpartum Abn Bleeding

Prior ABNORMAL GYN Results or Treatment: No Yes:

hrHPV+ HIV+ Radiation IUD **Other Relevant History:** _____

NON-GYN

Specimen Collection Procedure:

- Aspirate Lavage Wash Brush Smear/Scrape FNA Catheter
- Scope Void Secretion Other: _____

Specimen Submitted As:

Vial Fluid (keep cold): Total Volume: _____ Air-Dried Slides # _____ Fixed Slides # _____

Clinical History/Symptoms/Diagnosis:

CYTOPATHOLOGY TEST REQUEST GUIDELINES

SUBMITTING PRACTITIONER'S SIGNATURE: Effective January 1, 2011 this signature is required by Medicare.

VALUE: *Gynecologic and Non-Gynecologic test values depend critically on the quality of specimen received and thorough clinical information. The diagnostic accuracy of PAP tests is not absolute. A negative PAP test does not preclude additional evaluation of abnormal clinical signs and symptoms.*

IDENTIFICATION: Two unique (2) patient identifiers are required on all requisitions and specimen containers or slides - patient's full legal name with date of birth (DOB) or medical record number (MR#) are preferred. *Best Practice Guideline: After specimen collection and before the patient leaves, show labeled specimen/s and paperwork to the patient for confirmation of their own name and identity.*

INFORMATION: Provide patient-specific data, relevant history and clinical information for optimal medical interpretation, insurance/billing and regulatory compliance.

ICD Codes must match the test ordered, and specimen source of collection.

TEST/S REQUESTED: Collect specimens in ThinPrep vials for HPV, GC PCR, or Chlamydia (CT) PCR tests in conjunction with PAP tests. An adequate residual liquid sample is required for HPV testing after PAP processing. HPV only tests may be submitted in ThinPrep vials.

A sterile 0.5 mL aliquot of liquid specimen for GC/CT testing is removed from the vial prior to PAP processing to avoid contamination. Therefore no requests for GC/CT testing after PAP slide preparation can be accepted.

Do not collect specimens in ThinPrep vials for GC/CT only tests. Follow Microbiology specimen collection methods and ordering procedures.

When concurrent Cytologic and STD tests require sub-sampling of one specimen, providers should consider patient risk and clinical history, as well as specimen suitability (e.g., exudates or bleeding) that can impact diagnostic reliability. If test results do not fit with the clinical impression, a new specimen or separate samples may be necessary.

DELIVERY: Send all ThinPrep vials and PAPS to Anatomic Pathology (AP). Non-Gyn fluid specimens to be shared for multiple test requests should be delivered to the Clinical Lab or Microbiology first. Deliver Non-Gyn specimens for Cytopathology alone to AP. Keep all unpreserved Non-Gyn fluid specimens cold until and during transport.

SERVICE: Testing and reporting will be delayed, or cases may be rejected, when required elements are not initially submitted. Attempts are made, when possible, to resolve issues by phone, fax or authorization forms.

*For assistance, please contact us during weekday hours of operation.
Thank you for helping to provide exceptional patient care and service.*