



**BON SECOURS LABORATORY SERVICES**

150 Kingsley Lane • Norfolk, VA 23505 • 757/889-5141 • FAX 757/889-4870

PATIENT (LAST NAME, FIRST) (PLEASE PRINT OR TYPE)

**SURGICAL PATHOLOGY / CYTOLOGY REQUEST**

SEX	BIRTHDATE Month Day Year			SOCIAL SECURITY NUMBER	CHART#
ORDERING PHYSICIAN				COLLECTION DATE/TIME Month Day Year AM / PM	

CHECK APPROPRIATE BOX FOR BILLING:

- BILL CLIENT ACCOUNT
- BILL PATIENT (PATIENT ADDRESS REQUIRED)
- BILL INSURANCE (PLEASE COMPLETE BELOW)

Patient Address: City: State: ZIP: Phone:

**REQUIRED INSURANCE BILLING INFORMATION**

Primary Insurance _____	Secondary Insurance _____
Subscriber/Policy Holder _____ D.O.B. _____	Subscriber/Policy Holder _____ D.O.B. _____
Policy Number _____	Policy Number _____
Diagnosis/Symptoms (ICD-10 Code): _____	<b>Please attach copy of Insurance Card(s) - Front and Back</b>

**ADVANCE BENEFICIARY NOTICE (ABN) INFORMATION**

If the diagnosis code for your patient does not meet the Medicare governed medical necessity requirements or the test is being performed more frequently than Medicare allows, an ABN must be completed. (Medicare only covers one routine screening pap smear every 2 years)

*Selection of ICD-10 code for Pap tests should be substantiated by documentation of patient signs/symptoms in the clinical record for this date of service. Please be as specific as possible.*

**CLINICAL HISTORY / DIAGNOSIS**

**GYN CYTOLOGY (Pap test)**

**Source:** vaginal cervical/ endocervical

LMP: \_\_\_\_\_

Hormones: no yes

Hysterectomy: no yes: SUPRACERVICAL TOTAL

Other history: \_\_\_\_\_

**Type (choose one):**

- Thin Prep® with Imager® DUAL SCREENING
- Thin Prep® with manual screening
- Conventional Pap: \_\_\_\_\_ # of slides

**HPV TESTING (ThinPrep® vials only, choose one):**

- Reflex ASCUS HPVHR (507800)
- Reflex ASCUS HPVHR, 16, 18, 45 (507805)
- HPVHR Regardless (507800)
- HPRHR Regardless, Rfx, 16, 18, 45 (507805)

**STD TESTING (ThinPrep® vials only, choose one):**

- CT/NG amplified (183194)
- CT/NG/TV amplified (183160)

**NON-GYN CYTOLOGY**

- Breast cyst asp: LEFT RIGHT
- Nipple smear: LEFT RIGHT
- Fine Needle Aspiration (FNA):
  - Thyroid: LEFT RIGHT
  - Breast: LEFT RIGHT
  - Other: \_\_\_\_\_
- Urine: VOIDED CATH
- Bladder washings
- Reflex atypical urine or bladder wash to Urovysion®

**SURGICAL PATHOLOGY**

Specimen type and location:

- 1.
- 2.
- 3.
- 4.
- 5.