UT Health San Antonio
Pathology & Laboratory Medicine

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Cytopathology Requisition

GYNECOLOGIC

Liquid Based, Thin Prep Pap (88142)

Information is Required for Specimen Processing Lab Use Only **SAMPLE ID** _____

Ordering Provider (Last, First, MI) **NPI #**	**Clinic Name and Address**
Provider Phone Number	**Diagnosis Code** (Check applicable code) ___ Z01.419 ___ Z12.4 ___ Z12.72 ___ Z01.411 **Other**

Patient Name (Last, First, Middle Initial)	**Date of Birth** (dd/mm/yyyy)	**Birth Control** (Check one, if applicable) ___ Oral Contraceptive ___ Depo Provera ___ IUD ___ Other
Patient ID (Hospital/Medical Record Number)	**Gender**	
Specimen Collection (Date and Time)	**LMP** (mm/dd/yyyy)	**Clinical History** Gravida _____ Para _____ Pregnant (Weeks) _____ Post Partum (Weeks) _____ Post Menopausal (Date) _____ Post Menopausal Bleeding (Date) _____ Prev UNSAT Pap (Date) _____ Abnormal Bleeding (Date) _____ DES Exposure (Year) _____ Prev Abnormal Pap (Dx/Date) _____ Colpo/Bx (Date) _____ Conization/LEEP (Date) _____ Radiation/Chemo (Date) _____
Sample Source (Check One) ____ Cervix ____ Endocervix ____ Vagina/Vaginal Vault (see Hysterectomy box)	**Hysterectomy** (Check one, if applicable) ___ Total (No Cervix) ___ Partial (Cervix Present) **Reason for Hysterectomy** (Check one) ___ Benign ___ Malignant (Cervix) ___ Malignant (Other)	

Pap Test Requested (Check One) ☐ Thin Prep Pap and HPV ☐ Thin Prep Pap w/ Reflex HPV ☐ Thin Prep Pap (No HPV)	**Ancillary Test (Check to order)** ☐ CT/NG from Thin Prep

Lab Use Only

Cytologist Interpretation **Initials/Date**	**Cytopathologist Final Diagnosis** ☐ **HPV Reflex (Please check, if ordered)** **Initials/Date**