



HISTOLOGY/CYTOLOGY REQUISITION

#1 Lile Court, Suite 101
 Little Rock, AR 72205
 501-225-2760
 1-888-809-3730

Pathology
 Laboratories
 Of Arkansas, P.A.

Information Provided By: _____

For Lab Use

Accession#: _____

Charge Code(s): _____

DOCTOR: _____

PATIENT INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
ADDRESS:			CITY:		STATE:
DATE OF BIRTH:	AGE:	SEX:	SOC. SEC. NO.:	HOME PHONE NO.:	WORK PHONE NO.:
					CHART / MRN NO.:

Billing Instructions: Bill Dr. Office Bill Patient Bill Insurance COLLECTION DATE: _____

* Complete Insurance Information Below:	ADDRESS (STREET, CITY, ZIP)	PATIENT ID NO.	GROUP NO.	RESPONSIBLE PARTY	RELATIONSHIP
Primary Insurance Name:					
Secondary Insurance Name:					
Medicare No.:					
Medicaid No.:					
Employer Name / Phone No.:					

Patient / Clinical History: _____
 Preoperative Diagnosis: _____
 Postoperative Diagnosis: _____

Other Test Instructions / Request: _____

GYN [PAP TEST] & TEST REQUESTS ON LIQUID BASED PAP GYN SPECIMEN	NON GYN TEST REQUEST	HISTOPATHOLOGY TEST REQUEST
SurePath 88175	SPECIMEN SOURCE	ICD-10 DIAGNOSIS Biopsy-[Site]: _____ Endometrial Biopsy Ectocervical Brushing Endocervical Brushing DIF (Direct Immunofluorescent) Gross & Micro Frozen Section Flow Cytometry Bone Marrow Flow Cytometry ER/PR DNA
ThinPrep 88142	BAL [Site]: _____	
Chlamydia trachomatis DNA 87491	GMS Fungal Stain FAT Stain	
Neisseria gonorrhoeae DNA 87591	Bronchial Wash [Site]: _____	
HPV High Risk DNA 87624	GMS Fungal Stain FAT Stain	
HPV High Risk REFLEX 87624	Bronchial Brush	
HPV High Risk COTEST [Women≥30] 87624	Urine [voided] Urine [catheterized]	
HSV 1&2 DNA 87529 (X2)	Breast Secretion: Left Right	
Trichomonas 87661	Breast Cyst: Left Right	
Vaginitis Panel 87481 (x2), 87798 (x3), 87661, 87512 <small>(Candida, Ureaplasma, Mycoplasma, Trichomonas, Gardenerella)</small>	Breast FNA [mass]: Left Right	
ICD-10/Diagnosis: _____	Peritoneal Fluid:	
	Pericardial Fluid:	
	Pleural Fluid: Left Right	

PAP SOURCE & CLINICAL HISTORY CHECK ALL THAT APPLY	OTHER PERTINENT INFORMATION:	SPECIMEN SOURCE: ICD-10 Diagnosis
Cervix Vaginal Date of last menstrual cycle: _____ Postmenopausal I.U.D. Present Birth Control Pills Hyst Gross Lesion Hormonal Therapy Pregnant Irradiation Therapy Amenorrhea Postpartum Ablation Breast Feeding Postmenopausal Bleeding	Thyroid FNA: Left Right Upper Lower Medial Isthmus Fine Needle Aspiration [Site]: _____ NOTES: _____	A _____ B _____ C _____ D _____ E _____ F _____

ABNORMAL PAP HISTORY:	OTHER PERTINENT INFORMATION:
Date _____	_____
Diagnosis _____	_____
ICD-10 Diagnosis: _____	_____