Red Mountain Diagnostics
140 Oxmoor Blvd, Suite 140, Homewood, AL 35209
205-224-4490 [p] 205-224-4524 [f]

T0001X

Lab Use Only

GYNECOLOGICAL REQUISITION

PATIENT INFORMATION

LAST NAME	FIRST NAME	MI.

DATE OF BIRTH	MRN	ROOM #

SSN	GENDER	RACE

STREET ADDRESS

CITY/STATE/ZIP

HOME PHONE # WORK PHONE #

CLIENT INFORMATION

REFERRING PHYSICIAN:
COPIES TO:

INSURANCE INFORMATION

PRIMARY INSURANCE & ADDRESS	GROUP NUMBER	CONTRACT NUMBER

RELATIONSHIP TO SUBSCRIBER: ☐SELF ☐SPOUSE ☐CHILD ☐OTHER	SUBSCRIBER NAME & DATE OF BIRTH	

SECONDARY INSURANCE & ADDRESS	GROUP NUMBER	CONTRACT NUMBER

RELATIONSHIP TO SUBSCRIBER: ☐SELF ☐SPOUSE ☐CHILD ☐OTHER	SUBSCRIBER NAME & DATE OF BIRTH	

SPECIMEN INFORMATION

DIAGNOSIS (SPECIFY ICD10)		DATE COLLECTED:

GYN CYTOLOGY TESTING

PAP TESTS: ☐Liquid Based Pap with reflex to HR-HPV on ASCUS
☐Liquid Based Pap and HR-HPV (includes BOTH TESTS)
☐Liquid Based Pap with HPV co-testing (30 & Over)
☐Liquid Based Pap only ☐Conventional Smear

Specimen Source: ☐Cervix Endocervix ☐Vagina ☐Supracervical Hyst

Indication: ☐Routine Cytology ☐Follow up Cytology
☐Pregnant ☐Postpartum ☐Menopausal ☐LMP_____

Hormones: ☐BCP ☐Progesterone ☐Estrogen Replacement ☐IUD

Previous Abnormal: ☐Yes ☐No
Diagnosis_____Date_____

Treatment: ☐cone ☐biopsy ☐hyst ☐rad/chemo ☐cryo ☐laser
Date:_____

Additional History: _____
_____

HISTOLOGY

Material Submitted:

Clinical History and Procedure:

Pre-Operative Diagnosis:

☐Sexually Transmitted Disease
☐Herpes Simplex Virus I + II
☐Bacterial Vaginosis
☐Candida Vaginitis
☐Mycoplasma/Ureaplasma
☐Group B Streptococcus
☐Urinary Tract Infection by PCR
☐Upper Respiratory Infection by PCR
☐Other _____

1 T0001X	2 T0001X	3 T0001X	4 T0001X
Patient Name:_____	Patient Name:_____	Patient Name:_____	Patient Name:_____
Site 1:_____	Site 2:_____	Site 3:_____	Site 4:_____

TOP COPY - LAB • BOTTOM COPY - CLIENT