

Practice:
 Address:
 Phone and fax:

Provider _____

TISSUE BIOPSIES AND NON-GYN CTYOLOGY

Site 1: <hr/> Site 2: <hr/> Site 3: <hr/> Site 4: <hr/>	Clinical Impression/History:
Fine needle aspirations: # of slides: ___ Air dried ___ Fixed Fluid for cell block Y / N ___ ___ Flow Cytometry	

Culture: ___ Aptima, Source _____ Urine, Source _____ Bacterial and/or fungal, Source _____

PAP/GYN CTYOLOGY - Check all that apply:

<input type="checkbox"/> Hx of abdominal PAP/BX within 3 years <input type="checkbox"/> Abnormal bleeding <input type="checkbox"/> GYN malignancy; Hx/Rx <input type="checkbox"/> Postcoital bleeding <input type="checkbox"/> DES exposure <input type="checkbox"/> Family history of cervical cancer <input type="checkbox"/> ASCUS/AGUS PAP/BX within 2 years <input type="checkbox"/> Hx of LSIL or Higher PAP/Bx	<input type="checkbox"/> High risk HPV Hx/Bx <input type="checkbox"/> Immunocompromised patient <input type="checkbox"/> Postmenopausal bleeding <input type="checkbox"/> 5 or more full-term pregnancies <input type="checkbox"/> Previous abnormal <input type="checkbox"/> Abnormal GYN exam - current <input type="checkbox"/> Vaccinated for HPV <input type="checkbox"/> Oral contraceptives	<input type="checkbox"/> Cigarette smoker <input type="checkbox"/> Hormone therapy <input type="checkbox"/> Hysterectomy ___ Total ___ Cervix intact <input type="checkbox"/> IUD <input type="checkbox"/> Pelvic radiation <input type="checkbox"/> Other:
--	---	--

PAP Source (REQUIRED) <input type="checkbox"/> Vagina, Cervix, Endocervix <input type="checkbox"/> Cervix, Endocervix <input type="checkbox"/> Cervix <input type="checkbox"/> Vagina <input type="checkbox"/> Other:	PAP Specimen Type (REQUIRED) <input type="checkbox"/> Imaged Guided Thin Prep HPV ___ Automatic ___ Reflex ___ None <input type="checkbox"/> GC / Chlamydia DNA Probe	PAP Required Information: Date LMP: ___ / ___ / ___ <input type="checkbox"/> Menopause <input type="checkbox"/> Perimenopause <input type="checkbox"/> Postmenopause <input type="checkbox"/> Postpartum
---	--	--