CYTOLOGY SERVICES OF
Martha Jefferson Hospital

GYNECOLOGIC CONSULTATION REQUEST

INFORMATION IN **SHADED AREAS** IS REQUIRED

459 Locust Avenue • Charlottesville, VA 22902 • (434) 982-7775 • Fax (434) 982-7776
R. Hunt MacMillan III, M.D., Laboratory Medical Director

Financial #

Patient Last Name	First Name	MI	MR No.	Accession No.
Address	City / State / Zip		DX/ICD9	Chart No.
Referring Physician	Group/Practice		Patient's Phone #	
Date Collected	DOB	Patient SS #	LMP Date:	☐ Birth Control Pill ☐ IUD ☐ Other Birth Control:

BILLING/INSURANCE (OR ATTACH COPY OF INSURANCE CARD - BOTH SIDES)

*NOTE: *Separate signed ABN form required for Medicare patients*

Bill ☐ Insurance ☐ Medicare* ☐ Physician ☐ Patient ☐ Medicaid ☐ Workers Comp ☐ Other ______

☐ Secondary Insurance Information Attached

☐ Inpatient ☐ Outpatient ☐ Emergency Room

Insurance Company ☐ Primary ☐ Secondary	Contract No./Policy No.	Group No.
Insurance Company Address / City / State / Zip		Insurance Company's Phone No.
Responsible Party (If different from patient/Policyholder's Name)		Relationship to Patient
Responsible Party's Address / City / State / Zip		Responsible Party's Phone No.

SPECIMEN

Source

☐ Cervical ☐ Vaginal ☐ Hysterectomy ☐ Other GYN ______

Device

☐ Spatula ☐ Brush ☐ Rover Brush

Reason for Visit

☐ Routine Visit/Exam ☐ Follow-up/Abnormal Pap

Patient History

☐ Pregnant ☐ Rad/Chemotherapy
☐ Postpartum ☐ Hysterectomy
☐ Hormone Use ☐ Abnormal Bleeding
☐ Prev. Gyn Abnormality/Dysplasia ☐ GYN Malignancy

Prev. Pap	Prev. Cerv./Vag. Bx Results
☐ **Negative**	☐ Negative
Abnormal	☐ Abnormal:
☐ ASCUS/AGUS/SIL	
☐ Malignancy	
☐ Other ______	

Previous HPV Test

☐ HPV not detected ☐ HPV detected

Examinations Requested

Specimen type:

☐ **SurePath liquid specimen:**

☐ Pap Test *with these additional test(s):*
- ☐ Reflex HPV (on ASCUS only)
- ☐ HPV (regardless of Pap diagnosis)
- ☐ Chlamydia/N.gonorrhea
- ☐ HSV I & II by PCR

-OR-

☐ Other Testing **ONLY** (**NO** Pap test)
- ☐ HPV Test
- ☐ Chlamydia/ N. gonorrhea
- ☐ HSV I & II by PCR

OR ------------------------------------

☐ **Conventional Pap Smear Slide**

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