

# GYN / MOLECULAR ORDER

PATIENT DEMOGRAPHICS		
Last First		Date and Time of Collection:
SS#	Sex	DOB
Address		Hysterectomy: <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip
Home Phone	Work Phone	
Insurance Type: <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private <input type="checkbox"/> Self Pay		Comments
Policy #:		
Insurance Co. Name / Address		
Insured Name		
Relationship to Insured		
<p style="text-align: center;"><b>APPROPRIATE BOX MUST BE CHECKED</b></p> <input type="checkbox"/> Pregnant <input type="checkbox"/> Postpartum <input type="checkbox"/> Diagnostic Pap Test - History of abnormality/signs of medical necessity <input type="checkbox"/> Routine Screening Pap / Annual Wellness <input type="checkbox"/> High Risk Screening Pap (Meets Medicare standards for more frequent screening than every two years)		
Patient is: <input type="checkbox"/> Asymptomatic or <input type="checkbox"/> Experiencing symptoms including: <input type="checkbox"/> Acute vaginitis <input type="checkbox"/> Vaginal Discharge <input type="checkbox"/> Pelvic Pain <input type="checkbox"/> Contact with/Exposure to STI <input type="checkbox"/> Other _____		<b>REQUESTING PROVIDER</b> <hr/>

FOR LAB USE ONLY	
<input type="checkbox"/> <b>Thin Prep</b> <input type="checkbox"/> Cervical <input type="checkbox"/> Vaginal <b>PAP Requested:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Add on Tests: <input type="checkbox"/> Reflex ASCUS to HPV HR <input type="checkbox"/> Co-Test HPV (30+ years old) <input type="checkbox"/> Reflex positive HPV HR to 16/18/45 Genotyping <input type="checkbox"/> CT/NG <input type="checkbox"/> Trichomonas vaginalis <input type="checkbox"/> Other _____	
<b>BD Max UVE Swab</b> <input type="checkbox"/> Clinician or <input type="checkbox"/> Patient Self-Collected <input type="checkbox"/> <b>BD Max UVE Vaginal Source</b> <input type="checkbox"/> CT/NG <input type="checkbox"/> Trichomonas vaginalis <input type="checkbox"/> <b>BV Panel includes:</b> Candida group                      Lactobacillus spp. c. albicans                              L. crispatus c. dubliniensis                          L. jensenii c. parapsilosis                          Gardnerella vaginalis c. tropicalis                              Atopobium vaginae Candida glabrata                      BVAB-2 Candida krusei                              Megaspheara-1 Trichomonas vaginalis	
<input type="checkbox"/> <b>BD Max UVE Urine Source</b> <input type="checkbox"/> CT/NG <input type="checkbox"/> Trichomonas vaginalis <input type="checkbox"/> <b>BD Max UVE Endocervical Source</b> <input type="checkbox"/> CT/NG	
<input type="checkbox"/> <b>BD Max GBS (BBL Culture Swab)</b> <input type="checkbox"/> <b>HSV Swab (HSV 1 &amp; 2)</b>	