

FAX: 337-289-7680

GYN / MOLECULAR ORDER

	FOR LAB USE ONLY				
	☐ Thin Prep ☐ Cervical ☐ Vaginal PAP Requested: ☐ Yes ☐ No				
	Add on Tests:				
	Co-Test HPV (30+ years old) Reflex positive HPV HR to 16/18/45 Genotyping				
	☐ CT/NG ☐ Trichomonas vaginalis				
	Other				
	BD Max UVE Swab ☐ Clinician or ☐ Patient Self-Collected ☐ BD Max UVE Vaginal Source				
	☐ CT/NG ☐ Trichomonas vaginalis ☐ BV Panel includes: Candida group C. albicans C. dubliniensis C. parapsilosis C. tropicalis Candida glabrata Candida krusei CT/NG Lactobacillus spp. L. crispatus L. jensenii Gardnerella vaginalis Atopobium vaginae BVAB-2 Megasphaera-1 Trichomonas vaginalis				
_	□ BD Max UVE Urine Source □ CT/NG □ Trichomonas vaginalis □ BD Max UVE Endocervical Source				
	□ BD Max UVE Urine Source □ CT/NG □ Trichomonas vaginalis				

TATIENT BEMOSKATTIOS					
Last First			Date and Time of Collection:		
SS#	Sex	DOB	Previous Pap:	☐ Thin Prep ☐ Cervical ☐ Vaginal	
				PAP Requested: ☐ Yes ☐ No	
Address			Hysterectomy:	Add on Tests:	
			☐ Yes ☐ No		
City	State	Zip	LMP: Birth Control:	☐ Co-Test HPV (30+ years old) ☐ Reflex positive HPV HR to 16/18/45	
				Genotyping	
Home Phone Work Phone			Hormone Therapy ☐ Yes ☐ No	☐ CT/NG	
			☐ Trichomonas vaginalis		
Insurance Type:			Comments	Other	
☐ Medicare ☐ Medicaid ☐ Private ☐ Self Pay				BD Max UVE Swab	
Policy #:			1	☐ Clinician or ☐ Patient Self-Collected	
				☐ BD Max UVE Vaginal Source	
Insurance Co. Name / Address			Patient is:	☐ CT/NG☐ Trichomonas vaginalis	
			☐ BV Panel includes:	BV Panel includes:	
Insured Name			or	Candida group Lactobacillus spp. c. albicans L. crispatus	
			Experiencing symptoms including:	c. dubliniensis L. jensenii	
Relationship to Insured			☐ Acute vaginitis	c. tropicalis Atopobium vaginae	
			☐ Vaginal Discharge	Candida glabrata BVAB-2 Candida krusei Megasphaera-1	
APPROPRIATE BOX MUST BE CHECKED			☐ Pelvic Pain	Trichomonas vaginalis BD Max UVE Urine Source	
☐ Pregnant			☐ Contact with/Exposure to STI	CT/NG	
Postpartum			Other	☐ Trichomonas vaginalis	
☐ Diagnostic Pap Test				□ BD Max UVE Endocervical Source	
- History of abnormality/signs of medical necessity				☐ CT/NG	
Routine Screening Pap / Annual Wellness				☐ BD Max GBS (BBL Culture Swab)	
High Risk Screening Pap (Meets Medicare standards for			REQUESTING PROVIDER	□ HCV Couch (HCV 4.9.0)	
more frequent screening than every two years)			I REGULUTING FROVIDER	☐ HSV Swab (HSV 1 & 2)	