

Gynecologic Cytology (Pap Smears) Requisitions

FORM # ILAB-11

Gynecologic Cytology (Pap smears) Requisitions will be provided to all offices. This form should be used to submit all cervical/endocervical/vaginal (Pap smears) cytology to the laboratory and requires the following information:

1. Patient's full name, address, date of birth, age, and social security number.
2. Requesting physician and/or collecting physician (practitioner) is needed with the proper ICD-9 code(s).
3. The date specimen was collected.
4. Test being requested and the test procedures should be marked in the correct boxes (i.e. HPV reflux test {All HPV reports will follow after the Pap smear results}).
5. Clinical information: last menstrual period (LMP), previous Pap smear results, specimen source (cervical/endocervical, vaginal, hysterectomy) hormone therapy and any relevant clinical procedures are required. Check the appropriate boxes and provide date where applicable.
6. All conventional slides REQUIRE patient's full name. On the frosted end of the slide, write the patient's full name with pencil. The ThinPrep preservative fluid vials also REQUIRE patient's full name. Write the patient's full name in ink directly onto the space provided on the vial.
7. Billing Information: choose the appropriate box and staple copies of the patient's insurance card to the back of the requisition.

Conventional slides should be placed in a cardboard slide mailer and not rubber band, as this may break slides. Package the conventional Pap smear or ThinPrep preservative fluid vial with a completed requisition in a biohazard bag and send to the laboratory.

Failing to follow Pocono Medical Center's Cytology/Pathology Laboratory Policy will result in rejection of the specimen. The specimen will be sent back to the clinician's office, which may cause delays in patient care.

New Gynecological Requisition forms are under construction and offices will be notified upon completion