



Fairview Diagnostic Laboratories

CYTOPATHOLOGY
420 Delaware St. S.E. MMC 76-Mayo
Minneapolis MN 55455 (612) 273-5920

Accession Label
Lab Use Only

Acct No.
Clinic Name/ Phone
Address:
City-State-Zip:

PERTINENT CLINICAL HISTORY:
Collection Date:
Discharge 623.5
Pregnancy V22.0 or V22.1
Post Partum V24.2
Irregular Menstrual Cycle 626.4
Irregular Inter-menstrual Bleeding 626.6
Abnormal Bleeding 626.8
Oral Contraceptive Pills V15.7
Depo Provera V15.7
Hormone Replacement Therapy V07.4
Hysterectomy (specify) V45.77
Post Menopausal V49.81
Radiation
Other:
Last Name First Name: MI:
Date of Birth Patient ID
Address City State Zip:
Physician: NPI UPIN
Source: Cervical Vaginal Endocervical
LMP Date: / /
ICD-9 Coding / Diagnosis:

BILL TO: CLINIC INSURANCE PATIENT
Complete insurance information must be provided or Clinic will be billed.
Specify 1 (primary), 2 (secondary), etc. in "#" box next to insurance information to indicate order of payers.

MEDICARE No. # MEDICAID No. State
Insurance Co Name:
ID#: Group #:
Insurance Address:
City: State: Zip:
Name of Insured: Relationship to Patient
INSURANCE

Choose either Screening or Diagnostic Pap test

Screening PAP
Diagnostic PAP
Human Papilloma Virus Molecular Analysis
PCR HPV Testing:
NOTE: If ordering a Screening PAP on a Medicare patient, a signed ABN must be attached.
Screening and Diagnostic test definitions may be found online at:
http://labguide.fairview.org/showtest.asp?testid=821 (screening) or http://labguide.fairview.org/showtest.asp?testid=4126 (diagnostic)

If ordering a screening PAP on a Medicare Patient, please send a signed ABN

NOTE: Test protocols may be found online for Pap Tests (screening and diagnostic) and HPV.

FOR RECEIVING USE ONLY INITIALS Patient ID Accession No.