

		Patient Information	
		Patient Full Legal Name (Last, First)	
1111 6th Avenue Des Moines, IA 50314 Phone 515-247-4471 Fax 515-643-8832		Date of Birth:     /     /	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
		Phone #	SSN #
Location	Location ID	Address	
ADDRESS		City, State, Zip Code	
CITY	STATE	ZIP	Collection Date:
PHONE			Collection Time:
Ordering Provider (NPI):		Billing Information	
Ordering Provider (Print):		<input type="checkbox"/> Bill Office/Facility/SNF/Skilled	
<input type="checkbox"/> Fax To # <input type="checkbox"/> Call To #		<input type="checkbox"/> Bill Insurance (Attach Insurance Card(s) **ICD-10 Codes Needed**	
For MercyOne DSM Lab Use Only		<input type="checkbox"/> Bill Patient	
Date/Time Rcvd:	Initials:       RQ#:	ICD-10 Code(s) (Required to Bill Insurance)	<input type="checkbox"/> ABN Attached
MRN #	Courier Tracking #		Medicare will only pay for tests that meet the medicare definition of "Medical Necessity." Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. If a test is ordered as a screening test, is ordered too frequently or does not meet medicare covariate criteria, be certain the patient has signed an Advance Beneficiary Notice (ABN).
Additional Tests:		1. 2. 3. 4. 5.	
Cytology Requisition Form			
GYNECOLOGICAL CYTOLOGY TESTS		SPECIMEN SOURCE	
Pap Smear [LAB4] (Fill-In Information)	Chlamydia [LAB1376]	Vaginal	Vaginal-Endocervical
HPV [LAB1365] (Select One Below)	N. gonorrhoeae [LAB262]	Cervical	Cervical-Endocervical
Regardless	Chlamydia/N. gonorrhoeae (Select Source Test Below)	Endocervical	Other
Reflex w/ ASCUS	Urogenital I [LAB4261]	Vaginal-Cervical	
	Rectal [LAB4268]		
	Throat [LAB4269]		
PAP SMEAR INFORMATION			
Pap Smear Type	Known LMP Date:     /     /		
Screening			
Diagnostic	No LMP Reason		
	Patient Uncertain		
Methodology Used	Irregular Menses		
Liquid Based Pap Test	Hormonal Therapy		
Conventional	Hysterectomy		
	IUD		
Known LMP	Post-Partum/Breast Feeding		
Yes	Postmenopausal		
No	Other (Please specify)		
NON-GYNECOLOGICAL CYTOLOGY TEST [LAB13]			
CLINICAL INFORMATION:			
PROCEDURE (If Urine, Specify Voided or Instrumented):			
SPECIMEN:			
A (1)			
B (2)			
C (3)			

Select the appropriate diagnosis code and list the CODE where indicated

This list is only for gynecological cytology requests, please use an ICD-10 reference for a complete listing of codes

Screening	Diagnosis
<i>No Symptoms of Disease are Present</i>	<i>Use if signs or symptoms present, confirmed disease state, or previous abnormal</i>
<b>Z01.411</b> Encounter for gyn exam (general) (routine) with abnormal findings	<b>Abnormal cytological findings in specimen of Cervix/Uteri</b>
<b>Z01.411</b> Encounter for gyn exam (general) (routine) without abnormal findings	<b>R87.610</b> Atypical squamous cells of <b>undetermind significance</b> on cyto smear of cervix [ASC-US]
<b>Z12.4</b> Encounter for screening for malignant neoplasm of <b>cervix</b>	<b>R87.611</b> Atypical squamous cells of cannot exclude <b>high grade</b> squamous intraepithelial lesion on cyto smear of cervix [ASC-H]
<b>Z12.72</b> Encounter for screening for malignant neoplasm of <b>vagina</b>	<b>R87.612 Low grade</b> squamous intraepithelial lesion on cyto smear of cervix [LGSIL]
<b>Pregnancy</b>	<b>R87.613 High grade</b> squamous intraepithelial lesion on cyto smear of cervix [LGSIL]
<b>Z34.00</b> Encounter for supervision of normal first pregnancy, <b>unspecified</b> trimester	<b>R87.614</b> Cytologic evidence of malignancy on smear of cervix [LGSIL]
<b>Z34.01</b> Encounter for supervision of normal first pregnancy, <b>first</b> trimester	<b>R87.618 Other abnormal</b> cytological findings on speimens from cervix/uteri
<b>Z34.02</b> Encounter for supervision of normal first pregnancy, <b>second</b> trimester	<b>R87.619 Unspecified abnormal</b> cytological findings on specimens from cervix/uteri
<b>Z34.03</b> Encounter for supervision of normal first pregnancy, <b>third</b> trimester	<b>Female Genital HPV Test or Other Abnormal Findings in Specimens from Female Genital Organs</b>
<b>Z34.80</b> Encounter for supervision of <b>other</b> normal pregnancy, <b>unspecified</b>	<b>High Risk</b> Human papillomavirus [HPV] DNA test positive from female genital organs
<b>Z34.81</b> Encounter for supervision of <b>other</b> normal pregnancy, <b>first</b> trimester	<b>R87.810 Cervical</b> high risk human papilloma virus j[HPV] DNA test positive
<b>Z34.82</b> Encounter for supervision of <b>other</b> normal pregnancy, <b>second</b> trimester	<b>R87.811 Vaginal</b> highrisk human papilloma virus [HPV] DNA test positive
<b>Z34.83</b> Encounter for supervision of <b>other</b> normal pregnancy, <b>third</b> trimester	<b>Low Risk</b> Human papillomavirus [HPV] DNA test positive from female genital organs
<b>Z34.90</b> Encounter for supervision of normal pregnancy, <b>unspecified</b> trimester	<b>R87.820 Cervical</b> low risk human papilloma virus [HPV] DNA test positive
<b>Z34.91</b> Encounter for supervision of other normal pregnancy, <b>first</b> trimester	<b>R87.821 Vaginal</b> low risk human papilloma virus [HPV] DNA test positive
<b>Z34.92</b> Encounter for supervision of other normal pregnancy, <b>second</b> trimester	<b>R87.89</b> Other abnormal findings in specimens from female genetal organs
<b>Z34.93</b> Encounter for supervision of other normal pregnancy, <b>third</b> trimester	<b>R87.90</b> Unspecified abnormal findings in specimens from female genital organs
<b>Post Partum</b>	<b>N87.0</b> Mild cervical displasia
<b>Z39.2</b> Encounter for routine postpartum follow -up	<b>N87.1</b> Moderate cervical displasia