

NON-GYN REQUEST FORM



**PHYSICIANS
LABORATORY**

focused on excellence

SIOUX FALLS, SD
MITCHELL, SD

SPENCER, IA
YANKTON, SD

Client Services: (605) 322-7212 • (800) 658-5474

Website: www.plpath.com

SEX	DATE OF BIRTH	DATE COLLECTED
SOCIAL SECURITY NO.		
PRINT PATIENT NAME – FIRST, MIDDLE, LAST		
STREET		APT. NO.
CITY	STATE	ZIP

TELEPHONE NO. ()	RESPONSIBLE PARTY & ADDRESS (if other than patient.)
BILL TO: <input type="checkbox"/> SUBMITTING CLINIC <input type="checkbox"/> PATIENT / INS <input type="checkbox"/> MEDICARE / MEDICAID <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT	
MEDICARE I.D. NO.	MEDICAID (WELFARE) NO.
INSURANCE COMPANY NAME, ADDRESS	
INSURED'S I.D. NO.	INSURED'S GROUP NO.
CHART NUMBER	DIAGNOSIS CODE

CLINIC CODE
SUBMITTING PHYSICIAN
PHYSICIAN / PROVIDER SIGNATURE

CLINICAL HISTORY _____

ANAL CYTOLOGY

- CO-TESTING (HR HPV & PAP)
- HR HPV ONLY
- CYTOLOGY ONLY
-

PULMONARY CYTOLOGY

- SPUTUM No. In Series 1 2 3
- BRONCHIAL WASH Lt. Rt.
- BRONCHIAL BRUSH Lt. Rt. # of slides _____
- BAL

FLUID CYTOLOGY

- PERITONEAL FLUID
- PERITONEAL WASHINGS
- PLEURAL Lt. Rt.
- OVARIAN CYST Lt. Rt.
- CSF
- Other: _____

URINARY CYTOLOGY

- URINE
 - Voided Catheterized Bladder Washings
- URETERAL WASHINGS

FOR LAB USE ONLY

PLEASE FEEL FREE TO CALL FOR
COLLECTION OR HANDLING PROCEDURES.

LABEL

FINE NEEDLE ASPIRATE

Complete Thyroid FNA History Form With Any Additional Information
— **SEE BACK OF REQUEST FORM** —

- THYROID BREAST LYMPH NODE PAROTID GLAND SUBMANDIBULAR GLAND

Other Site: _____

NUMBER OF SLIDES SUBMITTED: _____ Air Dried _____ Alcohol Fixed

FLUID SUBMITTED: _____ ml.

- PERFORMED ON SITE BY PATHOLOGIST RAPID INTERP. GIVEN

Fluorescent *In Situ* Hybridization (FISH)

- UroVysion™** (Detection of Cancer Markers in the Urinary Tract by FISH Assay)

Ordering ICD required _____ **OR**
Check **AT LEAST ONE** reason for testing below:

- Screening for transitional cell carcinoma (TCC)
- Hematuria
- Prior history of bladder cancer
- Family history
- Increased risk factors (environmental or lifestyle)

- SPECIMEN TYPE:**
- Voided Urine
 - Cath. Urine
 - Bladder Wash
 - Cystoscopy