SEX DATE OF BIRTH	DATE COLLECTED	GYNE	COLOGICAL (PAP) REQUEST FORM
SOCIAL SECURITY NO.			PHYSICIANS LABORATORY
PRINT PATIENT NAME – FIRST, MIDDLE, LAST			focused on excellence
STREET		APT. NO.	SIOUX FALLS, SD SPENCER, IA YANKTON, SD
CITY	STATE	ZIP CI	ent Services: (605) 322-7212 • (800) 658-5474 Website: www.plpath.com
TELEPHONE NO. RESPON	SIBLE PARTY & ADDRESS (if other than patient.)	CLINIC CODE
BILL TO:			
SUBMITTING CLINIC PATIENT / II MEDICARE I.D. NO.	MEDICARE / MEDICAID MEDICAID (WELFARE) NO.	INPATIENT OUTPATIENT	
WEDICARE I.D. NO.	WEDICAID (WELFARE) NO.		
INSURANCE COMPANY NAME, ADDRESS			
INSURED'S I.D. NO.	INSURED'S GROUP NO.		SUBMITTING PHYSICIAN
	CONTROL OF THE CONTROL OF		PHYSICIAN / PROVIDER SIGNATURE
CHART NUMBER	DIAGNOSIS CODE		
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A	DVANCE BENI		
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SPECIMEN SOURCE:] Cx/Vag. □ Cx	□ Vag.	
SPECIMEN SOURCE:	Cx/Vag. Cx	□ Vag. ED – Mark <u>ALL</u> Testing F	
☐ Co-testing (Pap + HPV to	Cx/Vag. Cx TESTING REQUESTION esting) nes, for women aged 30-65	□ Vag. ED – Mark <u>ALL</u> Testing F	Requested
☐ Co-testing (Pap + HPV to Recommended per guidelin ☐ Reflex to 16/18/45	Cx/Vag. Cx TESTING REQUESTION esting) nes, for women aged 30-65	□ Vag. ED – Mark <u>ALL</u> Testing F □ C. T	Requested rachomatis testing
☐ Co-testing (Pap + HPV to	TESTING REQUESTING REQUESTION esting) nes, for women aged 30-65 if HPV positive	□ Vag. ED – Mark <u>ALL</u> Testing F □ C. T	Requested
☐ Co-testing (Pap + HPV to Recommended per guidelin ☐ Reflex to 16/18/45 ☐ Pap Test ☐ If ASC-US, perform HF ☐ Reflex to 16/18/45	TESTING REQUESTION TESTIN	□ Vag. ED – Mark <u>ALL</u> Testing F □ C. T □ N. G	Requested rachomatis testing onorrhea testing
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□ Co-testing (Pap + HPV to Recommended per guidelin □ Reflex to 16/18/45 □ Pap Test □ If ASC-US, perform HF □ Reflex to 16/18/45 □ HPV testing only □ Reflex to 16/18/45 □ STATUS OF UTERUS AND CER □ Both present □ Only Cx present □ Both absent CURRENT REPRODUCTIVE STATUS OF UTERUS AND CER □ Both absent	TESTING REQUESTION TESTING REQUESTION TESTING REQUESTION TESTING REQUESTION TO STATE AND THE STATE AND THE STATE AND THE STATE TO STATE AND THE STATE A	□ Vag. ED - Mark ALL Testing F □ C. T □ N. G □ Tric CLINICAL HISTORY: □ Radiation □ GYN Ca □ HPV □ Herpes	Requested rachomatis testing conorrhea testing nomonas vaginalis testing LMP: (Date): □ Prior Abnormal Pap □ Abnormal Vaginal Bleeding
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