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LABORATORY INC

Pacific Rim Pathology



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Gynecological Requisition

Clinic Name, Address, City State Zip, Phone, Fax, Physician Name Here, up to 8 lines here, Ordering Physician, Referring Physician, Phone, Fax

Bill to: Medicare, Medi-Cal, Self Pay, Private Pay/PPO, HMO, Patient Name, Gender, Address, Phone, Date of Birth, Relationship to Insured/Responsible Party

ICD-10 DIAGNOSIS CODE(S): REQUIRED table with 5 columns and 2 rows

Pap Smear- Medicare/Medi-Cal- Please check ONE: Diagnostic Pap, Screening Pap, high risk factor, non-covered services

Insurance Info: See Attached, Insured/Responsible Party, Address, Phone, Member ID, Insurance

Thin Prep Pap Vial

SOURCE: Cervical/Endocervical, Vaginal, Anal, Other; GROUPED TESTS: Pap Test with CT/NG, Reflex HPV, Pap Test, Pap Test with HPV Regardless

Aptima Multi Test Swab

SOURCE: Vaginal, Throat, Rectal, Penile meatal; TEST: Chlamydia, N. gonorrhoea, Mycoplasma, Trichomonas, Vaginosis Panel, Candida, Bacterial, Trichomonas

Surgical Biopsy/Tissue

PLEASE LIST SPECIFIC SITES: 1.) through 6.)

Covid-19 PCR Testing

SARS-CoV-2 NAAT (PCR), SOURCE: Nasal, Nasopharyngeal, Oropharyngeal

Non-Gyn Cytology

Lt Rt Source/Method: Nipple Discharge, Thyroid FNA, Breast FNA, L. Node FNA Site, Bronchial Washing, Sputum, Urine, Pleural Fluid, Peritoneal Fluid, CSF, Other

ADD-ONS AND INDIVIDUAL TESTS

Pap Test, HPV Test, 16/18/45 Genotyping, CT/NG, Trichomonas, Other/Comments

LMP: []

PLEASE CHECK ALL THAT APPLY

Pregnant, Post-Partum, Post-Menopausal, Abnormal Bleeding, BCD, Hysterectomy, Total, Hysterectomy, Partial, BCD, Hormones, IUD, Loop/Cone, Previous abnormal acc# []

Collection Date: [], Collection Time: []

Clinical History: []

Please include relevant clinical history, lab results and insurance information with requisition

Table with 3 columns for patient information: DOB, Specimen, Name, and barcode