



BRONSON
PATHOLOGY ORDER FORM

Name (Last) _____ (First) _____ (M.I) _____

Birth Date _____ Maiden or Previous Name _____ Sex M F

Please attach and send Patient Demographics information with the requisition to include: 1) Pt. Address 2) Pt. Phone 3) Pt. Insurance 4) Ins. Guarantor 5) Ins. Guarantor Date of Birth

Primary Diagnosis(es) & ICD-10 Code(s) or Symptoms _____

Visit/Encounter # _____ Unit Med. Record # _____

Provider Signature: _____ Date _____ Time _____

Print Provider Name: _____

SPECIMEN COLLECTION
DATE: _____ TIME: _____ INITIAL: _____

PATHOLOGY ACCESSION #
LAB USE ONLY

GYN CYTOLOGY & PAP SMEAR HISTORY (req'd by CLIA)

Menstrual status
 LMP _____ - _____ - _____
 Pregnant Postpartum
 Postmenopausal
 Total Hysterectomy Supracervical Hysterectomy
 Depo Provera

Abnormal bleeding _____
 Dysplasia History _____
 Cancer History _____
 History of HPV Infection _____

Previous Abnormal History: _____

ThinPrep Pap Specimen Source
 Cervical Vaginal

Test Order
 ThinPrep Pap with Reflex HPV for ASC-US diagnosis in patient ≥ 21
 ThinPrep Pap with HPV Co-Test for Women ≥ 30
 ThinPrep Pap Only
 HPV Only
 HPV results are correlated with the Pap test results in an addendum report

NON-GYN CYTOLOGY

History

Specimen

Fine Needle Aspirate
List specific location: _____

Needle Core Biopsy
List specific location: _____

Bronchial Brushing
 Bronchial Washing
 Sputum
 Urine-voided
 Urine-instrumental/catheter
 Cerebrospinal Fluid
 Pleural Fluid
 Peritoneal Fluid
 Esophageal Brushing
 Gastric Brushing
 Breast-Nipple Secretion
 L R
 Other, give specific location: _____

SURGICAL PATHOLOGY

History

Specimen & (Histology) Specimen Sites (be specific)

Specimen A: _____

Specimen B: _____

Specimen C: _____

Specimen D: _____

Specimen E: _____

Specimen F: _____

Specimen G: _____

Specimen H: _____

Specimen I: _____

Specimen J: _____

Specimen K: _____

ADDITIONAL TESTS

Source: _____

Collection Container ThinPrep Pap:
 Chlamydia, Gonorrhea and Trichomonas PCR 87491, 87591, 87661
 Chlamydia & Gonorrhea PCR 87491, 87591
 Trichomonas PCR 87661

OTHER TESTING

For Disposition Only
 Gross Exam Only
 Fungal Stain
 Other: _____

PROCEDURE PERFORMED: _____



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