North Ottawa Community Health System

PATHOLOGY
TISSUE/CYTOLOGY

Laboratory 847-5200 / Pathology 847-5209

Ordering Clinician:……

Last Name……First……MI…… Address: ……

Address……Phone…… Copies to:……

Birthdate…… Sex: M / F Soc. Sec. #..... Collection Date:……

Received Date (Hospital use only): ……

Please attach Insurance Information

DIAGNOSIS (ICD-10 codes required)

◯ Z12.4 Screening Pap – Low Risk
Medicare will only reimburse one screening Pap test within two years for low risk patients. Please obtain an ABN if indicated.
❑ **Please complete ABN.**

◯ Z77.9 Screening Pap – High Risk
Includes the following risk factors:
- Child-bearing age with abnormal pelvic exam within last 3 years
- Onset of sexual activity before age 16
- Multiple sexual partners (more than four in lifetime)
- History of STD
- Fewer than 3 negative Pap tests with the last 7 years
- Daughters of DEX-exposed mothers

◯ Z01.419 Encounter for GYN Exam (General) (Routine) without abnormal findings

◯ Z01.411 Encounter for GYN Exam (General) (Routine) with abnormal findings

◯ D.48.5 Lesion of uncertain behavior

◯ Z12.72 Screening for malignant neoplasm of vagina – post hysterectomy

◯ L98.9 Skin Lesion, unspecified

Additional ICD-10 diagnoses: 1. _____

2. _____

3. _____

TESTS

◯ THIN LAYER PAP TEST

Source: ◯ Cervical ◯ Vaginal

HPV Detection-high risk types for:

◯ Any abnormal pap result

◯ Atypical squamous cells of undetermined significance (ASC-US)

◯ **Regardless** of the pap result

◯ NO HPV Testing

Menstrual Status

LMP:_____-_____-_____

◯ Z90.710 Hysterectomy ◯ Z78.0 Postmenopausal
◯ Z3A.00 Pregnant ◯ Postpartum ____ weeks

◯ Abnormal Bleeding _____

Previous Abnormal History:

◯ NON-GYN CYTOLOGY
Please complete clinical history below:
Source:_____

◯ TISSUE EXAMINATION:
Please complete clinical history below:

Source:
A_____
B_____
C_____
D_____

CLINICAL HISTORY:

LAB-570 (r11-20)