Indiana University Health

CYTOLOGY REQUISITION

IU Health Pathology Laboratory
350 W. 11th Street
Indianapolis, IN 46202-4108
317.491.6000 or 800.433.0740

Patient Legal Name (Last, First MI)	Date/Time
Gender (at Birth) M F	DOB
Address	SSN / MRN
City, State, Zip	Telephone Number
Print Physician's Name (F, MI, L)	Diagnosis
Physicians Signature	ICD-10 Diagnosis Codes:
Client:	☐ BILL FACILITY ☐ BILL PATIENT OR INSURANCE ☐ SPLIT BILL: TC TO FACILITY & PC TO INSURANCE (Medicare, Medicaid, Tricare) **NOTE: For split and patient bill: Attach Face Sheet & Insurance Card**

Gynecologic & Non-Gynecologic

Check One: ☐ Diagnostic ☐ Routine Screen ☐ Routine Screen, High Risk (**ABN Required**)

Patient History/Additional Information:

☐ Birth Control Pills
☐ Breast Cancer
☐ Cervical Cancer
☐ Cone Biopsy/LEEP
☐ Cryocautery
☐ Endometrial Cancer
☐ Herpes
☐ HIV
☐ HPV
☐ Injectables
☐ IUD
☐ Lesion Detected (specify): _____
☐ Obesity
☐ Ovarian Cancer
☐ Prior Abnormal Pap Dx
☐ Prior Cervical Biopsy Dx
☐ Radiation
☐ Immunocompromised

Type of Test

☐ Pap Test
☐ Pap Test with HPV Reflex
☐ Pap Test and HPV Co-Test
☐ Primary HPV with Pap Reflex
☐ HPV (Provider Collected)
☐ HPV (Self Collected)

Specimen Source

☐ Cervical
☐ Vaginal
☐ Vaginoplasty

High Risk Factors

☐ First Sexual Activity, Early Age
☐ History of STI
☐ Multiple Sexual Partners

Menstrual History

Last Menstrual Period: _____

☐ Post-Menopausal ☐ Prenatal (pregnant)
☐ Post-Partum ☐ Abnormal bleeding
☐ Post-Menopausal Hormone Therapy
☐ Hysterectomy – Cervix **NOT** Removed
☐ Hysterectomy – Cervix Removed

Specimen Source: (check all that apply)

☐ Anal Cytology ☐ Add HPV Testing
☐ Bile Duct ☐ Aspiration ☐ Brushing

☐ Bladder Washing
☐ Breast-Cyst Fluid ☐ Left ☐ Right
☐ Breast-Nipple Discharge ☐ Left ☐ Right

☐ Bronchial ☐ Brushing ☐ Washing
☐ Bronchioloalveolar Lavage
☐ Cerebrospinal Fluid
☐ Cyst Fluid, Other:_____

☐ Esophageal Brushing
☐ Gastric Brushing
☐ Hilar Brushing
☐ Lung
☐ RLL ☐ RML ☐ RUL
☐ LLL ☐ Lingula ☐ LUL

☐ Pancreatic Cyst Fluid
☐ Pancreatic Duct Brushing
☐ Pelvic Washing
☐ Pericardial

☐ Peritoneal ☐ Fluid ☐ Washing
☐ Pleural ☐ Left ☐ Right
☐ Sputum
☐ Ureteral Brushing ☐ Left ☐ Right
☐ Ureteral Washing ☐ Left ☐ Right

☐ Urine ☐ Cath ☐ Ileal Conduit ☐ Voided

☐ Vitreous Fluid
☐ Vulvar Scraping
☐ Other: _____

Fine Needle Cytology

☐ Abdomen
☐ Adrenal ☐ Left ☐ Right
☐ Bone (site): _____
☐ Breast ☐ Left ☐ Right

☐ Head & Neck (site):_____
☐ Kidney ☐ Left ☐ Right

☐ Liver
☐ Lung
☐ RLL ☐ RML ☐ RUL
☐ LLL ☐ Lingula ☐ LUL

☐ Lymph Node (site):_____
☐ Mediastinum
☐ Pancreas ☐Body ☐Head ☐Tail

☐ Retroperitoneum
☐ Salivary Gland (site):_____
☐ Left ☐ Right

☐ Soft Tissue (site):_____
☐ Spleen
☐ Thyroid Isthmus
☐ Thyroid ☐ Left ☐ Right
☐ Other (site): _____