



Form with fields for Patient Legal Name, DOB, Date/Time of Collection, Patient Social Security #, Race, MR#, Patient Address, Phone, City, State, Zip, Physicians Signature, Order Date, Print Physicians Name, Client Information, Group Physicians, Billing options, and Additional Report To.

Gynecologic & Non-Gynecologic

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

Form with sections: Patient History/Additional Information (Birth Control Pills, HIV, etc.), Type of Test (Cervical, Vaginal, etc.), Ancillary PCR Testing (Chlamydia, Gonorrhea, etc.), High Risk Factors (First Sexual Activity, etc.), and Menstrual History (Last Menstrual Period, etc.).

Specimen Source: (check all that apply)

Form with multiple columns of checkboxes for specimen sources: Anal Brushing, Bile Duct, Bladder, Breast, Bronchial, Cerebrospinal, Common Bile Duct, Cyst Fluid, Esophageal, Gastric, Hilar, Lung, Pancreatic, Pelvic, Pericardial, Peritoneal, Pleural, Sputum, Ureteral, Urine, Vitreous, Vulvar, and Other.

Fine Needle Cytology

Form with checkboxes for fine needle cytology sites: Abdomen, Adrenal, Bone, Breast, Head & Neck, Kidney, Liver, Lung (RUL, RML, RLL, LUL, Lingula, LLL), Lymph Node, Mediastinum, Pancreas, Retroperitoneum, Salivary Gland, Soft Tissue, Spleen, Thyroid, and Other.