PathLab

Torre Médica San Cristobal Oficina 407-A
Coto Laurel, PR 00780
Tel. (787) 842-7981 / Fax. (787) 840-4296

Lab Use Only

Date Received	Cytology Num.

Lic #. 258-B / CLIA #40D0658176

REQUEST FOR CYTOLOGIC AND SURGICAL EVALUATION

PATIENT NAME _____ RECORD # _____

ADDRESS _____

DOB _____ AGE _____ SEX _____ PHONE _____

DATE OF COLLECTION _____ PATIENT'S SIGNATURE _____

_____ ,M.D.

PHYSICAN'S SIGNATURE

BILL TO: ☐ CLIENT ☐ INSURANCE ☐ PATIENT

Please Use Medical Insurance Card

- ☐ sss
- ☐ IMG
- ☐ ASES
- ☐ Medicare
- ☐ MCS
- ☐ Federación
- ☐ Other
- ☐ Private
- ☐ Courtesy

TEST REQUESTED

Ginecological Testing

- ☐ Pap Smear ☐ Cervicovoginal ___ Anal ___
- ☐ Thin Prep ☐ Cervicovoginal ___ Anal ___
- ☐ Co-Testing
- ☐ Full Panel (ThinPrep.HPV, 16-18/45,CT, NG, TRICH)
- ☐ HPV mRNA: Reflex 16-18/45
- ☐ _CT / NG / TRICH _CT/NG _TRICH
- ☐ GBS ☐ Vaginal Culture

Non • Ginecological Testing

- ☐ Nipple Secretion ___Rt ___Lt
- ☐ FNA (Specify Site):
- ☐ Urina Cytology
- ☐ Other : _____

Biopsy Testing

- ☐ Cervix
- ☐ Endocervical
- ☐ Endometrium
- ☐ Vaginal
- ☐ Vulva
- ☐ Polyp
- ☐ Inconplete Abortion _____
- ☐ Other _____

CLINICAL INFORMATION

LMP	GRAVA	PARA	AB

Previous Pap smear? ☐ Yes ☐ No ___/___/___

Any previous abnormal Pap smear?

If yes, specify: _____

Previous cervical biopsies? ☐ Yes ☐ No ___/___/___

Clinical Findings

- ☐ Normal
- ☐ Pregnant
- ☐ Spotting
- ☐ Post partum
- ☐ Discharge
- ☐ Cervicitis
- ☐ Erosion
- ☐ Post Menop. Bleeding
- ☐ Post Coital Bleeding

Significant Therapy

- ☐ On oral contraceptives
- ☐ IUD
- ☐ Anti-inflammatory
- ☐ Trichomonas Rx
- ☐ Hormonal Rx
- ☐ Radiation
- ☐ Chemotheraphy

Previous Gyn Surgery

- ☐ D & C
- ☐ ECC
- ☐ Cervical Bx
- ☐ Endometrial Bx
- ☐ Cone Bx
- ☐ Tubal sections
- ☐ Tubo-ovarian sections
- ☐ Hysterectomy
- ☐ Cryosurgery