MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.
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A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

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FOR LAB USE ONLY

Surgical Pathology: Gynecology Test Requisition Form

Ordering Physician/Laboratory

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician to receive additional result report:

Physician's Signature: | Date:

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address:

City: | State: | Zip:

Gender (Required): ☐ Female ☐ Male | Date of Birth (Required):

Patient SS#: | Patient ID#:

Phone Number:

Billing Information (Please include a copy of the front & back of card.)

☐ Patient Billing
☐ Insurance Billing
☐ Path Lab/Hospital
☐ Physician Account

Relation (Required):
☐ Self
☐ Spouse
☐ Dependant

Diagnosis Codes (Required):
Please provide ALL applicable diagnosis codes:
_____ _____
_____ _____

Primary Insurance Carrier:

Insured's Name (if not patient):

Insured's SS#: | Insured's DOB:

Claims Address:

Medicare, Medicaid or Policy ID#:

Employer/Group Name: | Group#:

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient.

Specimen Collection Information

Collector signature: | Number of specimen vials submitted:

Date collected (required): | Time collected:

	Site	Location	Procedure
A	☐ Cervical ☐ POC ☐ Endocervical ☐ Vaginal ☐ Endometrial ☐ Vulvar ☐ IUD ☐ Other: ☐ Labial _____		☐ Biopsy ☐ Cone ☐ Curetting ☐ LEEP ☐ Other: _____
B	☐ Cervical ☐ POC ☐ Endocervical ☐ Vaginal ☐ Endometrial ☐ Vulvar ☐ IUD ☐ Other: ☐ Labial _____		☐ Biopsy ☐ Cone ☐ Curetting ☐ LEEP ☐ Other: _____
C	☐ Cervical ☐ POC ☐ Endocervical ☐ Vaginal ☐ Endometrial ☐ Vulvar ☐ IUD ☐ Other: ☐ Labial _____		☐ Biopsy ☐ Cone ☐ Curetting ☐ LEEP ☐ Other: _____
D	☐ Cervical ☐ POC ☐ Endocervical ☐ Vaginal ☐ Endometrial ☐ Vulvar ☐ IUD ☐ Other: ☐ Labial _____		☐ Biopsy ☐ Cone ☐ Curetting ☐ LEEP ☐ Other: _____
E	☐ Cervical ☐ POC ☐ Endocervical ☐ Vaginal ☐ Endometrial ☐ Vulvar ☐ IUD ☐ Other: ☐ Labial _____		☐ Biopsy ☐ Cone ☐ Curetting ☐ LEEP ☐ Other: _____

List below clinical information, surgical findings and previous malignancy:

Testing

1401 ☒ Biopsy (H&E Stain)