PAPS
Preferred Anatomic Pathology Services

TEL: 337-289-7679
FAX: 337-289-7680

GYN / MOLECULAR ORDER

PATIENT DEMOGRAPHICS

Last First

SS# Sex DOB

Address

City State Zip

Home Phone Work Phone

Insurance Type:

☐ Medicare ☐ Medicaid ☐ Private ☐ Self Pay

Policy #:

Insurance Co. Name / Address

Insured Name

Relationship to Insured

APPROPRIATE BOX MUST BE CHECKED

- ☐ Pregnant
- ☐ Postpartum
- ☐ Diagnostic Pap Test
  - History of abnormality/signs of medical necessity
- ☐ Routine Screening Pap / Annual Wellness
- ☐ High Risk Screening Pap (Meets Medicare standards for more frequent screening than every two years)

Date and Time of Collection:

Previous Pap:

Hysterectomy: ☐ Yes ☐ No

LMP: Birth Control: _____

Hormone Therapy ☐ Yes ☐ No

Comments

Patient is:

- ☐ Asymtomatic
  or
- ☐ Experiencing symptoms including:
  - ☐ Acute vaginitis
  - ☐ Vaginal Discharge
  - ☐ Pelvic Pain
  - ☐ Contact with/Exposure to STI
  - ☐ Other _____

_____

REQUESTING PROVIDER

FOR LAB USE ONLY

_____

_____

_____

☐ Thin Prep ☐ Cervical ☐ Vaginal
☐ Rectal ☐ Other_____

PAP Requested: ☐ Yes ☐ No

Add on Tests:

- ☐ Reflex ASCUS to HPV Extended Genotyping
- ☐ Co-Test HPV Extended Genotyping (30+ years old)
- ☐ CT/NG
- ☐ Trichomonas vaginalis
- ☐ Other _____

HPV Swab (with extended genotyping)

☐ Clinician or ☐ Patient Self-Collected

BD Molecular Swab

☐ Clinician or ☐ Patient Self-Collected

☐ BD Molecular Swab Collection (green top)

- ☐ Vaginal ☐ Endocervical
- ☐ CT/NG
- ☐ Trichomonas vaginalis
- ☐ BV Panel includes:
  Candida group
  Candida glabrata
  Candida krusei
  Gardnerella vaginalis
  Trichomonas vaginalis

☐ BD Molecular Urine (yellow top)

- ☐ CT/NG
- ☐ Trichomonas vaginalis

☐ BD Max GBS (Amies Media Swab)

☐ HSV Swab (HSV 1 & 2)