

# HAC THINPREP PAP ORDER FORM

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Collection: \_\_\_\_\_

Physician: \_\_\_\_\_

(Or Apply Patient Label Here)



**ALLINA  
MEDICAL  
LABORATORIES**  
*Allina Hospitals & Clinics*

### Cytology Order (Click for all Orders)

GYN Order Test (Always Order w Pap)

### Cytology (No Reflex Pap Tests)

Thin Prep Pap Screen (Routine) V76.2  
 Thin Prep Pap Screen (High Risk) V15.89  
 Thin Prep Pap Diagnostic (Supply Dx)

Thin (Hyst due to non-malign) V76.47 V45.77  
 Thin (Hyst due to malignancy) Supply Dx

### Reflex HPV Dx ASCUS (High/Intermediate Risk Types Only)

Reflex HPV Thin Prep Scrn (Routine) 76.2  
 Reflex HPV Thin Prep Scrn (High Risk) V15.89  
 Reflex HPV Thin Prep Diagnostic (Supply Dx)

Reflex HPV Thin (Hyst, non-malign) V76.47 V45.77  
 Reflex HPV Thin (Hyst due to malign) Supply Dx

### HPV Only (High/Intermediate Risk Types Only)

Human Papillomavirus (Thin Preps Only) (Supply Diagnosis)

### CYTOLOGY IMAGED THINPREP PAP

DATE OF LAST MENSTRUAL PERIOD: \_\_\_\_\_

LAST PAP DATE: \_\_\_\_\_

#### LAST PAP RESULT:

NIL                       ASCUS                       LSIL                       HSIL                       ASCH  
 AGC                       UNS                       AIS                       SOCA                       ADCA  
 FIRST PAP/UNKNOWN

#### ABNORMAL COLP/BX PAST 5 YEARS:

None                       LSIL                       HSIL                       Cancer                       Glandular Abnormality

#### HORMONE USAGE:

BCP/OCP/Patch/Ring                       Depo                       HRT                       IUD                       None                       Other

#### MENSTRUAL STATUS:

Regular Periods                       Perimenopausal  
 Irregular Periods                       Postmenopause  
 Hormonally Suppressed (Includes Depo)                       Hyst-Cervix Absent  
 Pregnant                       Hyst-Cervix Present  
 Postpartum                       Abnormal Bleeding

COLPO/BX DONE TODAY?:                       No                       Yes

#### SELECT THE HPV REQUEST:

Reflex HPV ASCUS                       HPV and Pap                       No HPV ordered

#### ADDITIONAL INFORMATION:

**\*\* Submit this form to AML along with the HAC requisition and specimen.**

July 16, 2008