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# TISSUE/CYTOLOGY Laboratory Request Form

Bar Code Only  
**Thank You For Your Business**

**ACCOUNT**  
[Empty box for account information]

Bill to:  
 Insurance  
 Account  
 Patient  
 PPS/Part A  
 Fax to \_\_\_\_\_

**LAB USE ONLY**  
 Slide  Sure Path  
 Biopsy  S.C. (Sterile Container)  
 Thin Prep  Other

**SPECIMEN COLLECTION**  
DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM  
Collected By: \_\_\_\_\_

**STAT**

PATIENTS NAME: LAST FIRST D.O.B.: MONTH DAY YEAR INSURANCE CO. NAME  
PATIENT STREET ADDRESS (OR INSURED / RESPONSIBLE PARTY) APT.# MEMBER INSURED ID # GROUP #  
CITY STATE ZIP INSURANCE COMPANY ADDRESS  
PATIENT SOCIAL SECURITY # ADDITIONAL #  MALE  FEMALE PATIENT PHONE # CITY STATE ZIP  
MEDICARE NUMBER MEDICAID NUMBER EMPLOYER NAME / EMPLOYER # INSURED SOCIAL SECURITY # (IF NOT PATIENT)  
RELATIONSHIP TO INSURED :  SELF  SPOUSE  DEPENDENT

**GYN CYTOLOGY WITH OPTIONAL ANCILLARY TEST REQUESTS.**

**TEST REQUESTED**  
 004 Conventional Pap  
 1027 Thin Prep Pap® Test\*  
 0042 Thin Prep \* w/reflex High Risk HPV typing (if ASC-US diagnosis or Greater)  
 Reflex HPV, High & Low Risk (if ASC-US diagnosis or Greater)  
 0041 Thin Prep \* plus High Risk HPV typing  
 plus HPV, High & Low Risk  
 HPV DNA assay-(independent of pap result) please specify:  
 914X HPV DNA, High Risk Only  
 915X HPV DNA, High and Low Risk

LMP \_\_\_\_/\_\_\_\_/\_\_\_\_  
Source:  Cervical  Endocervical  Vaginal

**CLINICAL HISTORY**  
 Pregnant  Post Partum  
 Post Menopausal  Hormone Therapy  
 Hysterectomy  Previous dysplasia  
 Surgery  Pelvic Radiation  
 Previous Ca: site \_\_\_\_\_

Referring Facility Case #: \_\_\_\_\_  
PREVIOUS PAP TEST: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Diagnosis: \_\_\_\_\_

**NON-GYN CYTOLOGY**

Body Fluid, source \_\_\_\_\_  
 Breast FNA  
 Left  Right  Cyst  Solid  
 Brushing, source \_\_\_\_\_  
 FNA, source \_\_\_\_\_  
 Nipple Discharge

Sputum  
 Thyroid FNA  
 Left  Right  Cyst  Solid  
 Urine  
 Catheter Specimen  Volded  Cystoscopic  
 Washing, source \_\_\_\_\_

Diagnosis \_\_\_\_\_

**TISSUE PATHOLOGY TESTS**

Pre-op Diagnosis \_\_\_\_\_ Post-op Dianostic \_\_\_\_\_  
Surgical Procedure \_\_\_\_\_  
History: \_\_\_\_\_  
Source (required - list parts separately) \_\_\_\_\_ Clinical Impression: \_\_\_\_\_  
A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_

Nurse Practitioner / PA \_\_\_\_\_ Physician / Supervising Physician \_\_\_\_\_ Date \_\_\_\_\_ Additional Copies To: \_\_\_\_\_

**ADVANCE BENEFICIARY NOTICE (ABN)**

NOTE: You need to make a choice about receiving these laboratory tests.

We expect that Medicare will not pay for the laboratory test(s) that are described below. Medicare does not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should nor receive it. There may be a good reason your doctor recommended it. Right now in your case, Medicare probably will not pay for the laboratory test(s) indicated below for the following reasons:

The purpose of this form is to help you make an informed choice about whether or not you want to receive these laboratory tests, knowing that you might have to pay for them yourself. Before you make a decision about your options, you should read this entire notice carefully.

- Ask us to explain, if you don't understand why Medicare probably won't pay.
- Ask us how much these laboratory tests will cost you in case you have to pay for them yourself or through other insurance.  
(Estimated Cost: \$ \_\_\_\_\_)

**PLEASE CHOOSE ONE OPTION. CHECK ONE BOX. SIGN & DATE YOUR CHOICE.**

Medicare does not pay for these tests for your condition.	Medicare does not pay for these tests as often as this (denied as too frequent)	Medicare does not pay for experimental or research use tests

**Option 1. Yes, I want to receive these laboratory tests.**  
 I understand that Medicare will not decide whether to pay unless I receive these laboratory tests. Please submit my claim to Medicare. I understand that you may bill me for the laboratory tests and that I may have to pay the bill while Medicare is making its decision. If Medicare does pay, you will refund to me any payments I made to you that are due to me. If Medicare denies payment, I agree to be personally and fully responsible for payment. That is, I will pay personally, either out of pocket or through any other insurance that I have. I understand I can appeal Medicare's decision.

**Option 2. No, I have decided not to receive these laboratory tests.**  
 I understand that you will not be able to submit a claim to Medicare and that I will not be able to appeal your opinion that Medicare won't pay. I will notify my doctor who ordered these laboratory tests that I did not receive them.

**Note:** Your health information will be kept confidential. Any information that we collect about you on this form will be kept confidential in our offices. If a claim is submitted to Medicare, your health information on this form may be shared with Medicare. Your health information which Medicare sees will be kept confidential by Medicare.

PATIENT'S SIGNATURE: \_\_\_\_\_ PHYSICIAN'S SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ PHYSICIAN'S NAME: \_\_\_\_\_

**PATIENT SPECIFIC ICD-9-CM DIAGNOSIS CODES ARE REQUIRED FOR INSURANCE BILLING. ONLY A PARTIAL LIST IS PROVIDED BELOW.**

Diagnosis codes must be medically appropriate for the patient's condition and consistent with documentation in the patient's medical record. ODL cannot recommend specific diagnostic codes.

ICD-9 CODE	DIAGNOSIS	ICD-9 CODE	DIAGNOSIS
V76.2/V72.31	Pap smear (screening test) as part of gyn exam	795.05	Pap smear, high-risj HPV (DNA) test positive
V72.32	Pap smear to confirm findings of recent normal smear following initial abnormal smear	V72.40	Pregnancy exam, pregnancy unconfirmed
795.00	Pap smear, nonspecific abnormal finding	V22.2	Pregnancy, normal
795.01	Pap smear w/ ASCUS	V24.2	Post-partum, routine follow up
795.02	Pap smear cannot exclude high-grade dysplasia, ASC-H	V49.81	Post, menopausal, natural
795.03	Pap smear w/ LSIL (mild dysplasia/ HPV)	V07.4	Post, menopausal, hormone replacemnt
795.04	Pap smear w/ HSIL (Moderate - severe dysplasia/CIS)	795.08	Unsatisfactory pap, Inadequate sample
			Other (specify):