Client Information

GYNECOLOGIC PATHOLOGY
WCP Laboratories, Inc.

2326 Millpark Drive
Maryland Heights, MO 63043-3530
(314) 991-4313 ● Fax (314) 991-4317

Specimen Accession#

Results: ☐ fax ☐ phone ☐ mail ☐ online

Submitting Physician

Date of Collection

PATIENT INFORMATION

Last Name | First Name | MI

Street Address | City, State | Zip Code

Patient Telephone # | Date of Birth (MM/DD/YYYY) | Patient Signature

SSN - - **Gender:** ☐Male ☐Female **Race:** ☐White ☐Black ☐Asian ☐Hispanic ☐Other

BILL TO:
☐ **Insurance** ☐ **Patient**
☐ **Medicare** ☐ **Client**
☐ **Medicaid** ☐ **Other**

PLEASE ATTACH INSURANCE CARD COPY

I have read and understand the ABN on reverse side.
Patient Initials_____

Insurance Company & Address

Group # Patient Ins. ID #

Medicare # Medicaid #

Last Name of Guarantor First Name

SSN / / **DOB** / /

TESTS REQUESTED

☐ ThinPrep Pap Smear
- ☐ Gonorrhea/Chlamydia by PCR (ICD-9_____)
- ☐ Chlamydia by PCR (ICD-9_____)
- ☐ Gonorrhea by PCR (ICD-9_____)
- ☐ HPV DNA Testing on ASCUS Diagnosis
- ☐ HPV DNA Testing (ICD-9_____)

☐ Conventional Pap Smear
☐ Strep B Testing by PCR (ICD-9_____)
☐ Herpes Virus Testing by PCR (ICD-9_____)
☐ Biopsy (ICD-9_____)
☐ Other _____

☐ Screening Pap Smear **NON-MEDICARE** patient

OR

Screening Pap Smear **MEDICARE** patient
- ☐ Routine ☐ High Risk
- ☐ Low Risk w/o uterus or cervix

☐ Diagnostic Pap Smear (ICD-9_____)

☐ Other (ICD-9_____)

GYN CYTOLOGY SOURCE
☐ Cervical / Endocervical / Vaginal
☐ Vaginal
☐ Other:_____

GYN PATHOLOGY SOURCE
☐ Cervical ☐ ECC
☐ Cone Biopsy (including LEEP)
☐ Endometrial ☐ Vaginal
☐ Polyp ☐ Other:_____

NON-GYN CYTOLOGY
☐ Breast FNA ☐ Left ☐ Right ☐ Solid ☐ Cyst
☐ Nipple Discharge ☐ Left ☐ Right
☐ Urine ☐ Voided ☐ Cath
Other:_____

PLEASE SUPPLY THE FOLLOWING INFORMATION FOR COMPLETE EVALUATION AND CHECK ALL THAT APPLY.

LMP ____/____/_____

Previous Pap ____/____/_____

Previous DX _____

Previous BX ____/____/_____

Previous DX ____/____/_____

☐ Normal Exam (*No prior abnl Pap*)
☐ Total Hyst
☐ Supracervical Hyst
☐ Pregnant
☐ Post Partum
☐ Post Menopausal
☐ Hormone Therapy

☐ No Pap w/in 7 years
☐ Abnormal Pap / Bx w/in 3 years *(ASCUS, AGUS, or above)*
☐ Post menopausal Bleeding
☐ Postcoital Bleeding
☐ Gyn Malignancy; Hx/Rx
☐ Pelvic Radiation
☐ Abnormal Gyn Exam *(e.g. HPV, Cervical lesion)*

MICROBIOLOGY

	Culture, Aerobic/Routine		Culture, Group B Streptococcus
	Culture, Anaerobic		Culture, Throat
	Gram Stain ONLY		MRSA Screen
	Culture, Fungus		Culture, Urine
	Smear Only, Fungus / KOH		Other_____

Additional Comments: