



A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

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Pathology 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.)

Test Selection - ThinPrep®

Liquid Pap only

1301 Liquid Pap test

Liquid Pap with HPV Options

Ages 21 and older:

1302 1301 with Reflex HPV if ASCUS or greater

Ages 30 and older:

1304 1301 with HPV

HPV Reflex Test:

714 HPV Type-Detect® 3.0 by Next Generation Sequencing High Risk Subtypes Only (Includes HPV Subtypes: 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68) (Positive HPV-16 Only Req.)



Molecular Diagnostic Testing by Real-Time PCR unless otherwise specified

- 143 Actinomyces israelii
182 Aerobic Vaginitis (AV) Panel PCR (GBS, S. aureus, E. coli, E. faecalis)
142 Atopobium vaginae
166 Bacterial Vaginosis (BV) Panel PCR [A. vaginae, BVAB2, G. vaginalis, Megasphaera species (Types 1&2)] (with Lactobacillus Profiling by qPCR)
164 Bacterial Vaginosis Associated Bacterium 2 (BVAB2)
125 Bacteroides fragilis
551 Candida albicans
559 Candida glabrata
558 Candida parapsilosis
557 Candida tropicalis
560 Candida Vaginitis Panel (C. albicans, C. glabrata, C. parapsilosis, C. tropicalis)
105 Chlamydia trachomatis (**Reflex to azithromycin resistance by Pyrosequencing)
207 Cytomegalovirus (CMV) (Reflex to ganciclovir resistance by Pyrosequencing)
175 Eggerthella species
153 Enterococcus faecalis
141 Escherichia coli
132 Gardnerella vaginalis
115 Genital Ulcer Disease Panel [H. ducreyi, HSV-1, HSV-2, T. pallidum (syphilis)]
127 Group B Streptococcus (GBS)
122 Haemophilus ducreyi
126 Herpes subtype (HSV-1, HSV-2)
713 HPV Type-Detect® 3.0 by Next Generation Sequencing (Reflex to HPV-16 Risk Assessment Status) (Positive HPV-16 Only Req.)
190 HPV-16 & HPV-18 by Multiplex Real-Time PCR
714 HPV Type-Detect® 3.0 by Next Generation Sequencing High Risk Subtypes Only (Reflex to HPV-16 Risk Assessment Status) (Positive HPV-16 Only Req.)
121 Leukorrhea Panel (N. gonorrhoeae*, C. trachomatis**, T. vaginalis*)
136 Lymphogranuloma venereum (LGV)
165 Megasphaera species (Type 1 and Type 2)
124 Mobiluncus mulieris and M. curtisii
128 Molluscum contagiosum virus (MCV)
129 Mycoplasma genitalium (†Reflex to azithromycin & fluoroquinolone resistance by Pyrosequencing)
130 Mycoplasma hominis
167 Neisseria gonorrhoeae (*Reflex to antibiotic resistance by Molecular Analysis)
109 N. gonorrhoeae* & C. trachomatis**
184 Staphylococcus aureus
110 Treponema pallidum (syphilis)
111 Trichomonas vaginalis (**Reflex to metronidazole resistance)
320 Ureaplasma urealyticum (†Reflex to fluoroquinolone resistance by Pyrosequencing)
134 Urogenital Mycoplasma & Ureaplasma Panel (M. genitalium†, M. hominis, U. Urealyticum†)



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:

Ethnicity†:

Email:

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#:

Specimen Information

Date Collected (Required):

Specimen Source:

Anatomic Source (Required): Cervix/Endocervix Vagina Vaginal Cuff Other:

Date of Last Pap:

Date of LMP:

Previous Results:

- Normal ASCUS CIN 1
Reactive LGSIL CIN 2
Other HGSIL CIN 3

Check all that apply:

- Bilateral, tubal ligation
Biopsy today
Colposcopy
Depo Provera
Estrogen replacement therapy
H/O abnormal pap
H/O neoplasm ovary
H/O neoplasm of cervix
H/O neoplasm of vulva
H/O neoplasm uterus/corpus uteri
High glandular previous lesion
Hormone
Hysterectomy (Supracervical)
Hysterectomy (Total or Radical)
IUD
Lactating
Menopausal
Menopausal/Hormone
Menopausal/Hysterectomy
Oral contraceptives
Post menopausal
Post partum
Pregnant
Previous cone/LEEP
Radiation/Chemotherapy
Other:

GENETIC CARRIER SCREENING†

- 1231 Cystic Fibrosis Core Test by Next Generation Sequencing (23 major CF mutations approved by ACOG/ACMG)
1232 Cystic Fibrosis Comprehensive Test by Next Generation Sequencing (191 variants of the CFTR gene, including the 23 major mutations approved by ACOG/ACMG)
1233 Cystic Fibrosis Site Specific Analysis by DNA Sequencing
Specify variant (mutation):

† Ethnicity required only for Genetic Carrier Screening tests. Many states have enacted legislation requiring patient consent, genetic counseling or other restrictions for ordering, performing or disclosing the results of a genetic test. Please visit our website at http://genetictesting.mdlab.com for a definition of "genetic test". Any physician ordering a genetic test must sign here acknowledging that s/he understands the requirements under the law of the state where the patient resides and has obtained patient consent and/or taken such other steps as the law requires including without limitation, genetic counseling:

Physician's Signature: Date:

Other Tests/Panels:

* Reflex to antibiotic resistance by Molecular Analysis. † Reflex to fluoroquinolone resistance by Pyrosequencing
† Reflex to metronidazole resistance ‡ Reflex to azithromycin & fluoroquinolone resistance
** Reflex to azithromycin resistance by Pyrosequencing

Commonly Used ICD-10 Diagnosis Codes for Medical Diagnostic Laboratories, L.L.C. Tests

Please indicate your Diagnosis Code selection on the front of this test requisition in the designated spaces under "Billing Information – Diagnosis Codes (Required)".

This is a general, non-comprehensive guide for use by the healthcare provider to assist in the assignment of a diagnosis code to the laboratory testing ordered. The healthcare clinician must only order tests determined to be medically necessary for the diagnosis and treatment of the patient.

ICD-10	Description
Sexually Transmitted Diseases	
A63.8	Other specified predominantly sexually transmitted diseases
A64	Unspecified sexually transmitted disease
Z11.3	Encounter for screening for infections with a predominantly sexual mode of transmission
Z20.2	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission
Z20.9	Contact with and (suspected) exposure to unspecified communicable disease
Z77.9	Other contact with and (suspected) exposures hazardous to health
A49.3	Mycoplasma infection, unspecified site
A49.9	Bacterial infection, unspecified
B37.3	Candidiasis of vulva and vagina
B37.9	Candidiasis, unspecified
A56.02	Chlamydia trachomatis infection of lower genitourinary sites
A74.89	Other chlamydial diseases
A74.9	Chlamydial infection, unspecified
A60.04	Herpesviral vulvovaginitis
A63.0	Anogenital (venereal) warts
B00.89	Other herpes viral infection
B07.9	Viral wart, unspecified
A49.3	Mycoplasma infection, unspecified site
A59.01	Trichomonal vulvovaginitis
A59.9	Trichomoniasis, unspecified
Vaginitis	
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
Cervovaginal Disorders	
N72	Inflammatory disease of cervix uteri
N73.9	Female pelvic inflammatory disease, unspecified
N84.1	Polyp of cervix uteri
N87.0	Mild cervical dysplasia
Z87.410	Personal history of cervical dysplasia
N89.8	Other specified noninflammatory disorders of vagina
N88.9	Non-inflammatory disorder of cervix uteri, unspecified
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z12.72	Encounter for screening for malignant neoplasm of vagina
Z12.89	Encounter for screening for malignant neoplasm of other sites
Human Papillomavirus (HPV)	
R87.610	Atypical squamous cells of undetermined significance on cytologic smear of cervix (ASC-US)
R87.611	Atypical squamous cells cannot exclude high grade squamous intraepithelial lesion on cytologic smear of cervix (ASC-H)
R87.612	Low grade squamous intraepithelial lesion on cytologic smear of cervix (LGSIL)
R87.613	High grade squamous intraepithelial lesion smear of cervix (HGSIL)
R87.619	Unspecified abnormal cytological finding in specimens from cervix uteri
R87.810	Cervical high risk human papillomavirus (HPV) DNA test positive
R87.811	Vaginal high risk human papillomavirus (HPV) DNA test positive
R87.820	Cervical low risk human papillomavirus (HPV) DNA test positive
R87.821	Vaginal low risk human papillomavirus (HPV) DNA test positive
Z11.51	Encounter for screening for human papillomavirus (HPV)
Menstruation and Bleeding	
N92.5	Other specified irregular menstruation
N93.8	Other specified abnormal uterine and vaginal bleeding
N94.89	Other specified conditions associated with female genital organs and menstrual cycle
N95.0	Postmenopausal bleeding
N95.2	Postmenopausal atrophic vaginitis
R10.2	Pelvic and perineal pain
Pregnancy and Group B Streptococcus	
Z34.80	Encounter for supervision of other normal pregnancy, unspecified trimester
Z34.90	Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
Z36	Encounter for antenatal screening of mother
O99.820	Streptococcus B carrier state complicating pregnancy
O99.824	Streptococcus B carrier state complicating childbirth
O99.825	Streptococcus B carrier state complicating the puerperium
Z22.330	Carrier of Group B streptococcus

* Reflex to antibiotic resistance by Molecular Analysis
 † Reflex to metronidazole resistance
 HPV Type-Detect® is registered in the USPTO.

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 ‡ Reflex to fluoroquinolone resistance by Pyrosequencing
 ThinPrep® is a trademark of Hologic, Inc.

*** Reflex to azithromycin & fluoroquinolone resistance by Pyrosequencing