



A DIVISION OF

**GENESIS**  
CLINICAL  
DIAGNOSTICS

A MEMBER OF GENESIS BIOTECHNOLOGY GROUP

**MEDICAL DIAGNOSTIC LABORATORIES**

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Toll Free (877) 269-0090

**www.mdlab.com****Non-Gynecologic Cytology Test Requisition Form****Ordering Physician/Laboratory**

(Required: Include the ordering physician's first &amp; last name, NPI, practice name, complete address, phone number and fax number.)

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:

Assigned Sex at Birth (Required):

☐ Female ☐ Male

Date of Birth (Required):

Patient ID#:

Phone Number:

☐ Cell Phone☐ Home PhoneRace: ☐ Alaska Native or American Indian ☐ Asian ☐ Black or AfricanAmerican ☐ Multiracial ☐ Native Hawaiian or other Pacific Islander☐ Other race ☐ White ☐ Does not wish to disclose ☐ Not providedEthnicity: ☐ Hispanic or Latino☐ Not Hispanic or Latino☐ UnknownGender Identity: ☐ Male ☐ Female ☐ Gender nonconforming ☐ Transgender male-to-female☐ Transgender female-to-male ☐ Does not wish to disclose ☐ Not provided ☐ Not applicableSexual Orientation: ☐ Bisexual ☐ Straight ☐ Gay or Lesbian ☐ Something else ☐ Does not wish to disclose☐ Not provided ☐ Not applicable**Billing Information (Please include a copy of the front & back of card.)**Billing Type: ☐ Patient ☐ Insurance ☐ Client ☐ Relation (Required): ☐ Self ☐ Spouse ☐ Dependent

Insured's Name (if not patient):

Insured's SS#:

Insured's DOB:

Primary Insurance Carrier:

Medicare, Medicaid or Policy ID#:

Claims Address:

Employer/Group Name:

Group#:

**Specimen Information**

Date Collected (req.): Specimen Type: Specimen Source:

☐ OneSwab®:☐ Anal/Rectal ☐ Throat☐ Other(specify):☐ ThinPrep®:☐ Anal/Rectal ☐ Throat☐ Other(specify):☐ Other (specify):**ThinPrep®**

Common ICD10 codes (required):

Z11.51 ☐ Encounter for screening for human papillomavirus (HPV)  
Z12.79 ☐ Encounter for screening for neoplasm of other sites (commonly used for anal cytology screening)  
☐ Other:1601 ☐ Non-Gyn Liquid Pap Test1602 ☐ Liquid Pap Test (Non-Gynecology) with reflex to HPV Type-Detect 4.0 if ASCUS or greater**HPV Testing OneSwab® or ThinPrep®**

Common ICD10 codes (required):

Z11.51 ☐ Encounter for screening for human papillomavirus (HPV)  
☐ Other:739 ☐ HPV Type-Detect® 4.0 by Multiplex Real-Time PCR  
(Includes HPV Types: 16, 18, 45, 58, 35, 51, 52, 56, 39, 31, 33, 59, 68)**ThinPrep® - Molecular Diagnostic Testing**

Common ICD10 codes (required):

Z20.2 ☐ Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission  
☐ Other:105 ☐ *Chlamydia trachomatis* (\*Reflex to antibiotic resistance by Molecular Analysis)115 ☐ Genital Ulcer Disease Panel Includes -122 ☐ *Haemophilus ducreyi*126 ☐ Herpes subtype (HSV-1, HSV-2)110 ☐ *Treponema pallidum* (syphilis)167 ☐ *Neisseria gonorrhoeae* (\*Reflex to antibiotic resistance by Molecular Analysis)109 ☐ *N. gonorrhoeae*\* & *C. trachomatis*\*110 ☐ *Treponema pallidum* (syphilis)111 ☐ *Trichomonas vaginalis* (\*Reflex to metronidazole resistance)**Other Tests/Panels:**

ICD10 codes (required):

For a full menu of testing, please visit [www.mdlab](http://www.mdlab)**Relevant Clinical Information**

Tests by Real-Time PCR unless otherwise specified.

HPV Type-Detect® is registered in the United States Patent and Trademark Office.



\*Reflex to Antibiotic Resistance by Molecular Analysis

ThinPrep® is a trademark of Hologic, Inc.

IH0314 Rel.: 11/2025

### Medical Necessity Guidelines:

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. MDL provides practitioners with the flexibility to choose appropriate individual tests for each specimen to assure that the convenience of ordering panels does not impede them from ordering tests/panels that are medically necessary. All tests listed in panels may be ordered individually using this test requisition form. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

Specimen Collection Platform	TAT*	Stability	Test Additions*	
 ThinPrep®	Pap Testing	7 - 10 days	7 days	6 weeks to add Pap testing
	Molecular	24 - 72 hours	7 days	30 days to add tests
 OneSwab®		24 - 72 hours	7 days	30 days to add tests

\* Up to 72 hours with reflex/antibiotic resistance testing

\* Pending QC review for sufficient specimen volume

1. Moistened the tip of a Dacron swab, with water not lubricant, and insert into the anus.
  2. While removing the collection device, apply some pressure to the wall of the anus, rotating it in a spiral motion along the way.
  3. Carefully withdraw the swab and immediately place into the ThinPrep Pap Vial.
  4. Rinse in the PreservCyt® solution by swirling vigorously 10 times while pushing against the wall of the ThinPrep® vial.
  5. Tighten the cap so that the torque line on the cap passes torque line on the vial.
1. Collect specimen with the sterile swab provided.
  2. Insert swab into the transport media, break off swab and tightly re-secure the cap on the transport media vial.

### Specimen Packaging:

1. Label every vial with a minimum of 2 patient identifiers including the patient's name and date of birth. Be sure the name on the vial is written exactly the same way as on the test requisition form.
2. Place the vial into the Styrofoam/Cardboard container. You can fit up to 3 vials in one container.
3. Place the Styrofoam/Cardboard container into the central pocket of a biohazard bag containing absorbent material.
4. Place a completed test requisition form for each vial in the front pocket of the biohazard bag.
5. Place the biohazard bag into the prepaid Lab pack Envelope that has a preaddressed airbill attached. One envelope will accommodate 6-7 containers. Package as many containers in one Labpack as possible.
6. Be sure to seal the Lab pack by removing the plastic from the top of the adhesive

### Specimen Pick-up:

- If you have a specimen pick-up for a local courier in the NJ, PA, DE, D.C., MD, VA, KS, MO or Phoenix, AZ area, please call (877) 205-0005 no later than 2 hours prior to the closing of your facility.
- If you have a specimen pick-up, please call your sales representative or MDL customer service at 877.269.0090 no later than 2 hours prior to the closing of your facility.

### Helpful Hints Checklist

Please review these helpful hints to reduce specimen discrepancies and enhance turnaround time.

#### Verify Patient Name - did you:

- ✓ attach the correct demographics sheet?
- ✓ write the patient's name on the requisition form?

#### Patient Name Matches on Vial & Requisition Form- did you:

- ✓ make sure names on vial and requisition form match?
- ✓ list the patients married or maiden name?
- ✓ list a nickname by mistake?

#### Verify Date of Collection- did you:

- ✓ write the correct year?
- ✓ write the correct month?
- ✓ list the date of birth instead?

#### Verify Tests- did you:

- ✓ clearly mark each box?
- ✓ order tests appropriate for the specimen type?

#### No Tests Ordered- did you:

- ✓ mark the boxes for the tests/panels ordered?

### Supply Orders:

Easily place supply orders online by visiting our website:



<http://www.mdlab.com/physicians/supplies/#>

Supply orders may also be placed by contacting our Client Services department toll free 877.269.0090 or by fax 609.570.1050. Supply requests are processed and shipped on a daily basis. Please allow 3 to 5 business days for delivery, depending upon your location.

### MDL Contact Information



#### GBS Hotline

24 hours - 7 days a week  
Group B Strep & HSV results only

877.MDL.GBS7  
877.635.4277

#### Quality Control Department For Technical Assistance

877.269.0090 609.245.7665

#### Client Services

General Questions, Results

877.269.0090 609.570.1050

#### Client Services

Billing Questions

877.333.9233 609.245.7683