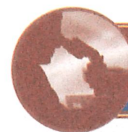


NON-GYN REQUEST FORM



**PHYSICIANS
LABORATORY**

focused on excellence

SIOUX FALLS, SD
MITCHELL, SD

SPENCER, IA
YANKTON, SD

Client Services: (605) 322-7212 • (800) 658-5474
Website: www.plpath.com

SEX	DATE OF BIRTH	DATE COLLECTED
SOCIAL SECURITY NO.		
PRINT PATIENT NAME – FIRST, MIDDLE, LAST		
STREET		APT. NO.
CITY	STATE	ZIP

TELEPHONE NO. ()	RESPONSIBLE PARTY & ADDRESS (If other than patient.)
BILL TO: <input type="checkbox"/> SUBMITTING CLINIC <input type="checkbox"/> PATIENT / INS <input type="checkbox"/> MEDICARE / MEDICAID <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT	
MEDICARE I.D. NO.	MEDICAID (WELFARE) NO.
INSURANCE COMPANY NAME, ADDRESS	
INSURED'S I.D. NO.	INSURED'S GROUP NO.
CHART NUMBER	DIAGNOSIS CODE

CLINIC CODE
SUBMITTING PHYSICIAN
PHYSICIAN / PROVIDER SIGNATURE

CLINICAL HISTORY _____

ANAL CYTOLOGY

CO-TESTING (HR HPV & PAP)
 HR HPV ONLY
 CYTOLOGY ONLY

PULMONARY CYTOLOGY

SPUTUM No. In Series 1 2 3
 BRONCHIAL WASH Lt. Rt.
 BRONCHIAL BRUSH Lt. Rt. # of slides _____
 BAL

FLUID CYTOLOGY

PERITONEAL FLUID
 PERITONEAL WASHINGS
 PLEURAL Lt. Rt.
 OVARIAN CYST Lt. Rt.
 CSF
 Other: _____

URINARY CYTOLOGY

URINE
 Voided Catheterized Bladder Washings
 URETERAL WASHINGS

FOR LAB USE ONLY

PLEASE FEEL FREE TO CALL FOR
COLLECTION OR HANDLING PROCEDURES.

LABEL

FINE NEEDLE ASPIRATE

Complete Thyroid FNA History Form With Any Additional Information
— SEE BACK OF REQUEST FORM —

THYROID BREAST LYMPH NODE PAROTID GLAND SUBMANDIBULAR GLAND

Other Site: _____

NUMBER OF SLIDES SUBMITTED: _____ Air Dried _____ Alcohol Fixed

FLUID SUBMITTED: _____ ml.

PERFORMED ON SITE BY PATHOLOGIST RAPID INTERP. GIVEN

Fluorescent *In Situ* Hybridization (FISH)

UroVysion™ (Detection of Cancer Markers in the Urinary Tract by FISH Assay)

Ordering ICD required _____ **OR**
 Check **AT LEAST ONE** reason for testing below:

<input type="checkbox"/> Screening for transitional cell carcinoma (TCC)	SPECIMEN TYPE:
<input type="checkbox"/> Hematuria	<input type="checkbox"/> Voided Urine
<input type="checkbox"/> Prior history of bladder cancer	<input type="checkbox"/> Cath. Urine
<input type="checkbox"/> Family history	<input type="checkbox"/> Bladder Wash
<input type="checkbox"/> Increased risk factors (environmental or lifestyle)	<input type="checkbox"/> Cystoscopy