

1355 RIVER BEND DRIVE DALLAS, TX 75247 P 214.638.2000 P 800.258.1253 F 214.237.1731 www.ProPath.com

Patient Information: Name, Address, City, State, Zip code, Phone, Birth date, Sex, Social security number, Patient ID number.

Billing Information: Bill to, Insurance company name, Employer name, Name of insured, Policy / member ID #, Group #, Mail claim to, Address, City, State, Zip code.

PHYSICIAN ACKNOWLEDGEMENT (Required) Physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. Medicare Patients: The Advance Beneficiary Notice, if required, must be completed, signed by the patient and attached. Physician's Signature: Date Ordered:

Date Collection date and time: M: D: Y: Time:

Provider Information: Send duplicate report to: Name, Address, City/State/Zip: Check appropriate box above to indicate ordering provider. Referring provider: NPI#: City/State/Zip:

Diagnosis Codes: Diagnosis code(s): Required for each test ordered. 1) 2) 3)

Clinical history: Routine exam, High-risk exam, Pregnant, Postpartum, Postmenopausal, LMP (date), Previous Pap, HPV positive, Hysterectomy (total), Hysterectomy (partial), Colposcopic findings / impress / other information: IUD, OCP/Hormone Rx, History of malignancy (specify below)

GYN cytology / HPV testing: Source: Cervix / Endocervix, Vagina, Other (specify): Standing order for Pap / molecular testing, Age-based cervical cancer screening, Age-based cervical cancer abd STI screening

Customized testing: Pap only, High-risk HPV only, Reflex HPV genotyping, Pap with high-risk HPV, Reflex HPV genotyping, Pap with reflex high-risk HPV, If ASC-US, If ASC-US or LSIL, Add reflex HPV genotyping

Molecular testing: Panel testing (ProPathSwab or ThinPrep vial): Vaginitis, Leukorrhea, STI Screening, Infertility, BV Expanded Panel

Individual testing (ProPathSwab or ThinPrep vial unless indicated): Candida species, Reflex Candida speciation, Chlamydia trachomatis, Gardnerella vaginalis, Group B Streptococcus, Penicillin- allergic, HSV 1 / 2 by PCR, Mycoplasma genitalium, Mycoplasma hominis, Neisseria gonorrhoeae, Syphilis (Treponema pallidum), Trichomonas vaginalis, Ureaplasma species

Tissue pathology: Source: A) B) C) D)

Non-gynecologic cytology: Urine cytology: Voided, Catheterized, Bladder washing, Other cytology: Anal cytology, Nipple discharge, Fine needle aspiration, Source: Other (specify):

Fetal Gender Determination: ProXY Gender Reveal