



WOMEN'S HEALTH

REFERRED BY

COPY TO

PATIENT INFORMATION

BILLING INFORMATION

ICD-10

CLINICAL HISTORY

GYN CYTOLOGY / HPV

TISSUE

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 collected: M: D: Y: Time: AM PM STAT
Source: Fasting: Yes No

Additional Testing from Pap and ProPathSwab
BV Expanded Panel PPS Only
Chlamydia trachomatis and Neisseria gonorrhoea Pap, PPS, UST
Genital mycoplasma panel PPS
Infertility panel Pap, PPS
STI screening panel (For high-risk patients) Pap, PPS, UST
Leukorrhea panel Pap, PPS
Vaginitis panel Pap, PPS
Individual Testing:
Candida species Pap, PPS
Gardnerella vaginalis (for BV) Pap, PPS
Herpes simplex virus 1 & 2 Pap, PPS
Mycoplasma genitalium PPS
Aptima Mycoplasma genitalium PPS, UST
Mycoplasma hominis PPS
Syphilis (Treponema pallidum) PPS
Trichomonas vaginalis Pap, PPS, UST
Ureaplasma species PPS

General Health:
Anti-nuclear antibodies (ANA) with reflex to antibody cascade† SST
Basic metabolic panel SST
C-reactive protein (CRP) SST
CA125 SST
CA15-3 SST
Calcium SST
Complete blood count (CBC) w/ differential LAV
Comprehensive metabolic panel SST
Electrolyte panel SST
Erythrocyte sedimentation rate (ESR) LAV
Ferritin SST
Glucose GRY
Hemoglobin A1c LAV
Hemoglobin and hematocrit LAV
Hepatic function panel SST
Iron with TIBC SST
Lactate dehydrogenase (LDH) SST
Lipid panel SST
Protein, 24-hour urine STC (TV:)
Prothrombin time with INR (PT/INR) LBL
Activated partial thromboplastin time (APTT) LBL
Rheumatoid factor SST
Uric acid SST
Urine drug screen STC
Urinalysis with reflex to microscopic and culture† STC + UCL
Vitamin B12 and folate SST
Vitamin D, 25-hydroxy SST

Hormones:
17-Hydroxyprogesterone SST
Anti-mullerian hormone (AMH) SST
Cortisol AM SST
Cortisol PM SST
DHEA-S SST
Estradiol (E2) SST
FSH (follicle stimulating hormone) SST
Human chorionic gonadotropin (beta hCG) SST
LH (luteinizing hormone) SST
Progesterone SST
Prolactin SST
PTH (parathyroid hormone, intact) SST
T3, free SST
T3, total SST
T4, free SST
T4 (thyroxine), total SST
Testosterone, total SST
Testosterone, free and total w/SHBG SST
Thyroid panel with TSH SST
TPO Ab (thyroid peroxidase antibody) SST
TSH (thyroid stimulating hormone) SST
TSH w/ reflex to T4, free SST

Infectious Disease:
Hepatitis panel, acute SST
Hepatitis Bs antigen w/ reflex to confirmation SST
Hepatitis C antibody w/ reflex to PCR† SST
HIV antigen and antibody w/ reflex to confirmation† SST
HSV 1 and 2 type specific IgG SST
HSV 1/2 IgM SST
Mononucleosis screen SST
RPR w/reflex to titer and confirmation (Trep. Ab) SST
Rubella IgG SST
Syphilis Ab (Trep. Ab) w/reflex to RPR and titer† SST
Toxoplasma Ab IgG SST
Varicella-zoster IgG SST
Zika IgM SST (frozen serum)
Zika virus by NAA SST + UST

Microbiology:
Anaerobic culture
Genital culture BAC Source:
Respiratory culture BAC Source:
Stool culture STC or STL Source:
Throat culture BAC Source:
Tissue culture BAC or STL Source:
Urine culture UCL Source:
Wound culture (aerobic) culture BAC Source:
Other (include Source):

Pregnancy and Prenatal:
ABO/Rh type PNK
Antibody screen with reflex ID and Titer† PNK
Fetal fibronectin (fFN)
Gestational diabetes GTT screen (1 hr, 50 g) GRY
Gestational diabetes GTT (2 hr, 75 g) GRY
Gestational diabetes GTT diagnostics (3 hr, 100 g) GRY
Obstetric panel w / HIV SST (1) + PNK (1) + LAV (1)
TORCH IgG SST
Group B Streptococcus BAC
reflex Penicillin-allergic†
Carrier Screening:
Cystic Fibrosis (CF)* LAV
Spinal Muscular Atrophy (SMA)* LAV
Fragile X* LAV
AFP & Quad Screen History
Please indicate test below, then complete clinical history (REQUIRED)
AFP, maternal serum SST
Quad Screen SST
Clinical History:
EGA as Listed in Sono:
Date of Sono:
LMP:
EDD:
Weight:
Insulin:
Fetus:
Race:
See reverse for panel components

Urine Cytology:
Urine Cytology
Urine Cytology with REFLEX to urinary FISH panel:
if atypical or suspicious
if atypical, suspicious, or malignant
Urine cytology and urinary FISH
Source: Voided Catheterized Bladder Washing
Other Cytology:
Anal cytology
Nipple discharge: Left Right
Fine needle aspiration
Other (specify):

Other:

Specimen Legend table with columns for BAC, BDU, FFN, GRY, LAV, LBL, Pap, PPS, PNK, RED, STC, STL, SST, UCL, UST and their corresponding descriptions.

* See reverse for age-based protocol (HPV/STI Testing).
† Reflex tests will be performed at an additional charge. Visit www.propath.com for more information.
‡ Informed consent required.