

# CYTOLOGY REQUISITION

Labcorp Account Number: 46086270

PID = P# on label below

**PATIENT LABEL  
REQUIRED  
PLACE LABEL IN THIS BOX**

**SKCC LAB INSTRUCTIONS:** 1) Confirm patient name and DOB. 2) Place patient label on requisition and specimen. 3) Confirm information on requisition is complete. 4) Make copy of completed requisition and file in SKCC box. 5) Package original requisition with specimen. 6) Track order on SKCC Medical Record page 12.

**SOURCE:**

☐ CERVIX

☐ ANAL

☐ VAGINA

☐ CERVICO-VAGINAL

**COLLECTION:**

☐ CYTOBRUSH & SPATULA

☐ CYTOBRUSH

☐ SPATULA

☐ BROOM

☐ DACRON SWAB (ANAL)

**LMP (LAST MENSTRUAL PERIOD)**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Post-Menopausal

☐ Postpartum

**IUD**

☐ NO

☐ YES

☐ Age 21-29: Cytology with reflex to HPV if ASCUS (Labcorp Test Code: 199300)

☐ Age 30-65: Primary HPV reflex to Cytology (Labcorp Test Code: 507415)

**PHYSICIAN OF RECORD:** RICK ARNOLD, MD

**DATE OF COLLECTION:**

**COLLECTED BY (PROVIDER NAME):**

**ROOM #:**

**PREVIOUS PAP/HPV HISTORY**

**LAB USE ONLY**

DATE SCREENED:

CYTO: