



Fabien Baksh, MD, FCAP
Shashi Baksh, MD, FCAP, FASDP

PSP USE ONLY:

Surgical Pathology/Gyn-Cytology Request Form

PATIENT INFORMATION

Last _____ First _____ M _____

SSN _____

Date of Birth _____ Sex (circle one) _____
 M _____ F _____

Address _____

City, State ZIP _____

Phone _____

PHYSICIAN INFORMATION

Date _____

Office site _____

Ordering physician _____

Copies to _____

Physician Signature _____

Label specimens with patient info and tissue type submitted and place in bio-bag

Bill Insurance Please attach photocopy of patient's insurance card

Self pay

Client bill

PATHOLOGY SPECIMEN

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

CLINICAL HX/ICD-10

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

GYN CYTOLOGY

Previous Pap Smear (Date and Diagnosis if not PSP) _____

Screening (Z12.4) High Risk Screening Diagnostic

If Medicare, submit ABN if applicable
 ICD-10 _____

Source _____ LMP: _____

Cervical Thin Prep Swab
 Vaginal Sure Path Other

Check All That Apply

Chemo/Rad Rx HR HPV (Hx of)
 Exposure to VD Hysterectomy
 High risk sex behav Irreg. menses
 Hormone Rx IUD
 _____ LEEP/cone bx

Additional Tests (check all that apply)

HPV-Reflex ASC-US C. Trachomatis
 HPV-Co-Testing (30-65 years) N. Gonorrhea
 HPV- any interpretation Gp B Strep
 HPV Type 16/18 (if HR HPV + ve) Herpes Simplex Types I & II
 Other _____ Vaginosis panel Candida, Trichomonas, Gardnerella

OCP Post meno bleed
 Post coital bleed Post partum
 Post menopausal Pregnant
 Cancer, type _____
 Other _____