Molecular Cytology Pathology Laboratory

**MCP Requisition Form**

30 Page Street • Pinehurst, NC 28374 • Phone: 910.687.4188
Fax: 910.235.0171 • Email: support@mcpathology.com
CLIA # 42D0713042 CAP # 1426105

RXXXXXX

LAB USE ONLY

**STAT/RUSH** ■

## PATIENT INFORMATION

| LAST NAME | FIRST NAME | MI |
|---|---|---|
| DATE OF BIRTH | MRN/PT.CHART # | |
| SOCIAL SECURITY # | SEX | RACE |
| STREET ADDRESS | | |
| CITY / STATE/ ZIP | | |
| HOME PHONE # | WORK PHONE # | |

## ACCOUNT INFORMATION

PRACTICE NAME: _____

PRACTICE ADDRESS: _____

_____

PRACTICE PHONE: _____

PHYSICIAN NAME: _____

COPIES TO: _____

## BILLING INFORMATION

■ INSURANCE (COPY CARD OR COMPLETE BELOW) ■ SELF-PAY ■ ACCOUNT BILL ■ MEDICARE ■ MEDICAID

| PRIMARY INSURANCE | POLICY NUMBER | GROUP # | SECONDARY INSURANCE | POLICY NUMBER | GROUP # |
|---|---|---|---|---|---|
| | | | | | |

## CLINICAL INFORMATION

COLLECTION DATE: COLLECTION TIME IN FORMALIN: ☐ AM ☐ PM (REQUIRED FOR BREAST PATHOLOGY)

CLINICAL HISTORY:

CLINICAL DIAGNOSIS:

## TEST INFORMATION

| TISSUE SPECIMEN | ICD-10 CODE |
|---|---|
| **1.** | |
| **2.** | |
| **3.** | |
| **4.** | |
| **5.** | |
| **6.** | |
| **7.** | |
| **8.** | |
| **9.** | |

### GYN CYTOLOGY

☐ Cervix ☐ Vaginal ☐ Other:

☐ ThinPrep Pap w/Imaging ☐ SurePath Pap ☐ Slide

| | |
|---|---|
| ☐ HPV w/Pap | ☐ HPV reflex ASCUS |
| ☐ HPV reflex if Abnormal | ☐ HPV 16,18/45 GT on +HPV |
| ☐ Chlamydia trachomatis | ☐ Neisseria gonorrhea |
| ☐ Trichomonas vaginalis | ☐ HSV 1 & 2 |
| ☐ BV Panel [Lacto/GV] | ☐ CV Panel [Candida sp] |
| ☐ Group B Strep | ☐ Comp Panel [HSV,CT,NG,TV,BV,CV] |

### NON-GYN CYTOLOGY

☐ Breast Secretion: RT / LT ☐ Breast FNA: RT / LT

☐ FNA Site: RT / LT

☐ GI Brushing ☐ Fluid/Other:

☐ Urine Void ☐ Urine Cath. ☐ Urine Bladder Wash

### CLINICAL HISTORY

☐ LMP: ☐ High Risk:

☐ Routine Exam ☐ Hormone Rx/BCP ☐ Rad/Chemo Rx

☐ Pregnant ☐ Post-Partum ☐ Post-Meno

☐ Total Hysterectomy ☐ Supracervical Hysterectomy

| | | |
|---|---|---|
| **1.** Site: _____ RXXXXXX Name: | **4.** Site: _____ RXXXXXX Name: | **7.** Site: _____ RXXXXXX Name: |
| **2.** Site: _____ RXXXXXX Name: | **5.** Site: _____ RXXXXXX Name: | **8.** Site: _____ RXXXXXX Name: |
| **3.** Site: _____ RXXXXXX Name: | **6.** Site: _____ RXXXXXX Name: | **9.** Site: _____ RXXXXXX Name: |