



HAWAII PATHOLOGISTS' LABORATORY, LLP

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PATIENT ID ▶

BILL TO INSURANCE / PATIENT PHYSICIAN / INSTITUTION

PATIENT NAME (LAST) FIRST M.I. SEX M F DATE OF BIRTH

ADDRESS PATIENT SOC. SEC. NO. OR PID

CITY STATE ZIPCODE PRIMARY TELEPHONE SECONDARY

PRIMARY INS. INSURER MEMBERSHIP NO. / COV / GRP SUBSCRIBER NAME

SECONDARY INS. INSURER MEMBERSHIP NO. / COV / GRP SUBSCRIBER NAME

My provider has informed me that my insurance may not pay for services which do not meet my insurance's determination criteria. By signing below, I agree to be personally and fully responsible for payment of the services, rendered by Hawaii Pathologists' Laboratory if my insurance denies payment.

STAT request, call 691-4271

Patient's or Authorized Person's Signature X

Date:

SPECIAL INSTRUCTIONS/CLINICAL DIAGNOSIS **GYN CYTOLOGY – PAP TEST** **Collection Date: ___/___/___**

COLLECTION METHOD: SUREPATH THINPREP CONVENTIONAL (SLIDES)
SPECIMEN SOURCE(S): CERVICAL-ENDOCERVICAL VAGINAL

LIQUID BASED CYTOLOGY (with reflex to HPV testing per ASCCP protocol)
 PAP only PAP AND HPV Co-Testing w/Reflex to HPV 16/18 Genotyping
 PAP and HPV Co-Testing No PAP, Molecular testing only

MOLECULAR TESTING (CHECK ALL THAT APPLY) INDICATION/DIAGNOSIS FOR TESTING: _____

HPV High Risk only HPV 16/18 Genotyping only 4336 Chlamydia by PCR
 4337 GC by PCR 4328 Chlamydia AND GC by PCR

PATIENT HISTORY FOR PAP SMEARS: LMP: ___/___/___
 ON HORMONES PREGNANT POST-PARTUM IUD POST-MENOPAUSAL
PREVIOUS ABNORMAL PAP/BIOPSIES/TREATMENT: _____

ICD-10 CODES FOR ROUTINE SCREENING

Z01.419 ROUTINE GYN W/O ABN FINDINGS Z12.4 SCREEN MAL NEO CERVIX
 Z01.411 ROUTINE GYN W/ABN FINDINGS Z12.72 SCREEN MAL NEO VAGINA
 Z12.79 ROUTINE GYN PT NO CERVIX, W/O ABN FINDINGS Z12.89 SCREEN MAL NEO OTHER SITES

ICD-10 CODES FOR HIGH RISK SCREENING

Z91.89 OTHER SPEC PERSONAL RISK FACTORS, NOS Z72.51 HIGH RISK HETEROSEXUAL BEHAVIOR
 Z77.9 OTHER CONTACT W/AND (SUSPECTED) EXPOSURE HAZARDOUS TO HEALTH Z72.52 HIGH RISK HOMOSEXUAL BEHAVIOR
 Z92.89 PERSONAL HX OF OTH MEDICAL TREATMENT Z72.53 HIGH RISK BISEXUAL BEHAVIOR
 Z77.29 CONTACT WITH AND (SUSPECTED) EXPOSURE TO OTHER HAZARDOUS SUBSTANCES

ICD-10 CODES FOR DIAGNOSTIC PAP/CERVICAL BIOPSY

N87.0 CIN I R87.610 ABN PAP, ASCUS
 N87.1 CIN II R87.611 ABN PAP, ASC-H
 D06.7 CIN III R87.612 ABN PAP, LSIL
 N87.9 CIN NOS R87.613 ABN PAP, HSIL
 A60.03 GENITAL HERPES, HERPES CERVICITIS B97.7 HPV AS CAUSE OF DISEASES CLASSIFIED ELSEWHERE
 R87.619 ABN PAP, UNSPECIFIED R87.810 CERVICAL HIGH RISK HPV DNA TEST POSITIVE
 R87.615 UNSATISFACTORY CERVICAL SMEAR R87.820 CERVICAL LOW RISK HPV DNA TEST POSITIVE
 R87.618 OTH ABN CYTOLOGIC FINDINGS, CERVIX R87.614 CYTOLOGIC EVIDENCE OF MALIGNANCY ON CERVICAL PAP

ICD-10 CODES FOR HPV TESTING:

Z11.51 HPV SCREENING Z12.4 SCREENING FOR MALIGNANT NEOPLASM OF CERVIX
 R87.810 ABN PAP, HIGH RISK HPV Z12.72 SCREENING FOR MALIGNANT NEOPLASM OF VAGINA
 OTHER INDICATION/DIAGNOSIS FOR TESTING: _____

ORDERING PHYSICIAN

SEND DUPL. REPORT TO PHYSICIAN / ADDRESS

TISSUE EXAM Collection Date/Time: ___/___/___ :___am/pm

TISSUE SPECIMEN SOURCE(S) WITH ORIENTATION:
A. _____
B. _____
C. _____
D. _____

ICD-10 CODES: _____ LMP: ___/___/___

HORMONE (GYN SPECIMEN): _____

ICD-10 CODES FOR ENDOMETRIAL BIOPSY
 N92.0 ABN BLEEDING, MENORRHAGIA
 N92.1 ABN BLEEDING, METRORRHAGIA
 N92.5 IRREGULAR MENSES, OTHER
 N94.6 DYSMENORRHEA, UNSPECIFIED
 N95.0 POSTMENOPAUSAL BLEEDING
 Other _____

NON-GYN CYTOLOGY Collection Date/Time: ___/___/___ :___am/pm

ICD-10 CODES: _____
NON-GYN CYTOLOGY SPECIMEN TYPE:
 FNA SITE (S)
1) _____
2) _____

TZANK SMEAR – SITE _____

HSV DFA VZV DFA
 URINE CYTOLOGY
 NIPPLE DISCHARGE (RIGHT LEFT)
 OTHER – SPECIFY _____