	INOVA		334150110725							
2832 JU	Laboratories JNIPER STREET • FAIRFA imen Pickup - La		55.11.55.1.51.25							
	Collected: Time Co		Collected By: Time in Formalin # of	of Specimen						
			(Required for Breast)	ontainers						
				I	CD	ICD	ICD			
	ACH INSURAI	NCE CAI	RDS			BILL: OFFI	CE PAT. INSURANCE	PATIENT		
PATIENT	LAST NAME				FIRST NAME			N		
SEX (M-N	Male F-Female) DATE OF	BIRTH (mm/dd/	/yy) SOCIAL SECURITY #	PHON	E		PHONE (Other)			
ADDRES	ss -	- -			CITY	_	STATE	ZIP		
		DDUM A DV	/ PILLING DARTY			ODDEDING				
JQI IDAN	NCE CARRIER	PRIMARY	BILLING PARTY		LACT	ORDERING	MD			
OLICY #				Physicia	an's Name FIRST	-				
	#/ENROLLMENT CODE			□ FAX						
NSURAN	NCE ADDRESS			□ CALI	_ TO					
SUBSCR	IBER		RELATIONSHIP TO) PATIENT						
			CLINICA	AL PATIENT HIS	STORY					
	GYNE	ECOLOGY	(PAP-HPV TESTING)	M	ICROBIOLOGY		MEDICAL CYTOL	OGY		
Н	IISTORY:	LCOLOGI	TEST TYPE:		Chlamydia/GC	TECT.		001		
⊒ LMI			Routine Diagno	ostic Urine	•	☐ Urin		atheterized		
1 Pre	v. Dys/Malignancy	y	SOURCE: Cervical/Endocervi		Chlamydia from F	_	eflex Fish ble Discharge			
Cor	ncurrent Biopsy		□ Vaginal		ay a.a a	☐ Anal	•			
	gnant	TEST CODE	TEST I	DESCRIPTION			ometrial			
	stpartum sterectomy	□ TPAPI	Thin Prep PAP with Image				y Fluid/Brush/Cyst rce:			
-	st menopausal	□ TPRHI	Thin Prep w/Image, Reflex HPV				(Fine Needle Aspira			
	st meno. bleeding	□ TPHPI	Thin Prep PAP, Image and HPV	1 7 0				Source:		
) P/Hormones	☐ TPRRI	Thin Prep PAP w/Image, Reflex HPV, Reflex Thin Prep PAP w/Image w/HPV reflex to			Other:				
	P/Hormones	<u> </u>		RENATAL AFP						
□ AFP TRF	III OCIGGII	B. EDD:	Weight (lbs)		F. This is a repea	n for Down Syndro	e pregnancy (Repeat testing ome or Trisomy 18 is NOT re			
□ AFF	P Single Marker		ed by: Ultrasound LMP				? 🗆 Yes 🗅 No			
VEDIVICE S EUTITIC (Ethnic Origin: African American asian Hispanic Other	nic Origin: African American Asian							
			of fetuses:			•	wn Syndrome? Yes	☐ No		
	AFP Quad Screen QUAD2 E. Patient is an insulin-dependant diabetic during pregnancy:		ncy: 🔲 Yes 🔲 N	n l		gg? 🗖 Yes 🗖 No f retrieval:				
QU/						noker? 🔲 Yes				
	<u> </u>				, s. organotto on			Court		
						FOR OFFIC	SIAL S-SST	Sputu		
	334150110725				5 DOB:/_/	, ,	R-RED	Vial		
	Pt. Full Name:		Pt. Full Name: Collect:/:	Pt. Full Name:		//	U-UR.Cup	Slide		
	BY:		BY:	. BY:		Notice to Phys	sicians:			
	334150110725					Diagnosis code you believe are	s must be provided for each test appropriate for patient care sho	ould be ordered.		
	Pt. Full Name:		Pt. Full Name:	Pt. Full Name:		diagnosis and t	nly pay for tests that are medical treatment of the patient. Medica crooning tosts			
	DV.		DV:	DV.		cover routine s	or corning toolo.			

each test ordered. Only tests t care should be ordered. the medically necessary for the the Medicare does not generally

Sputum

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Date Collected: Time	e Collected:	Collected By:	Time in Formalin (Required for Breast)	# of Specimen Containers												
		<u> </u>														
					ICD				ICD							
TTACH INSUR	ANCE CA	ARDS			STA			OFFICE	PAT. INSUF	RANCE	PATIENT					
TIENT LAST NAME						FIRST NAM	I E 				MI					
X (M-Male F-Female) DATE	OF BIRTH (mm/c	dd/yy)	SOCIAL SECURITY #		PHONE			F	PHONE (Other)							
DRESS		-				CITY	_			STATE ZIF)					
	PRIMAR	RY BILLING PA	ARTY				ORD	ERING I	/ID							
SURANCE CARRIER		Dharaisiania	LAST													
DLICY #		Physician's Name FIRST														
ROUP#/ENROLLMENT CODI		□ FAX TO														
ISURANCE ADDRESS					□ CALL TO)										
JBSCRIBER				HIP TO PATIENT	ENT_HISTO	RY										
	NECOLOG	Y (PAP-HPV ⁻			MICI	ROBIOLOGY			MEDICAL C	YTOLOG	Υ					
HISTORY:			TEST TYPE: ☑ Routine ☐ Dia	agnostic	☐ Urine Chlamydia/GC PCR ☐ Urine ☐ Voided ☐ Catheterize						terized					
Prev. Dys/Maligna	ncy		SOURCE:			Culture ☐ Reflex Fish					1011200					
			Cervical/Endoo	ervical	□ GC/Chlamydia from PAP				Discharge							
Concurrent Biopsy	,		Vaginal					□ Anal F □ Endon								
Pregnant Postpartum	TEST COD			TEST DESCRIPTION	l					vet						
Hysterectomy	☐ TPAPI	•			□ Body Fluid/Brush/Cyst Source:											
Post menopausal	□ TPRHI		mage, Reflex HPV		□ FNA (Fine Needle As					Aspirate)						
Post meno. bleedi	''9 	<u> </u>	P, Image and HPV	Dofloy UDV 16/10	Source:											
IUD BCP/Hormones	☐ TPRRI☐ TPHRI		v/Image, Reflex HPV, F w/Image w/HPV ref					Other:								
BCP/Hormones	U IPHN	I IIIIII FIED FAF	W/IIIage W/IIFV Tell	PRENATA	AL AFP											
	A Mataura			TILLIVATA		F. This is a rene	eat specim	en for the pi	regnancy (Repeat	testing follo	wing a					
	A. Materna	al Weight (lbs) _					Down Syndrome or Trisomy 18 is NOT recommended).									
	D EDD.					_ v _	Nο									
AFP Tri Screen TRPSC		سالله ت بينا امون	and DIMD	D Dhuaicel I		☐ Yes ☐	110				am G. History of neural tube defect? ☐ Yes ☐ No					
TRPSC	Determ	ined by: 🔲 Ultra	asound LMP	Physical I	Exam	G. History of n	eural tube	e defect?	☐ Yes ☐ No							
TRPSC	Determ C. Mother	ined by: Ultra 's Ethnic Origin:	☐ African America	n 🖵 Asian			eural tube	e defect?	□ Yes □ No							
TRPSC AFP Single Marker AFPMS	Determ C. Mother	ined by: Ultra 's Ethnic Origin: ucasian His		n 🖵 Asian		G. History of no If yes, expla	eural tube iin:		Yes No		No					
TRPSC AFP Single Marker AFPMS AFP Quad Screen	Determ C. Mother' Cau D. Numbe	ined by: Ultra 's Ethnic Origin: Lucasian UHisport r of fetuses: Ultra	→ African America panic → Other —	n 🗖 Asian		G. History of no If yes, explaH. Previous proI. Pregnancy i	eural tube nin: egnancy v is from a	with Down donor egg	Syndrome? ? Yes	I Yes □ No						
TRPSC AFP Single Marker AFPMS	Determ C. Mother' Cau D. Numbe	ined by: Ultra 's Ethnic Origin: Lucasian UHisport r of fetuses: Ultra	☐ African America	n 🗖 Asian		G. History of no If yes, explaH. Previous proI. Pregnancy i	eural tube nin: egnancy v is from a	with Down donor egg	Syndrome? \Box	I Yes □ No						
TRPSC AFP Single Marker AFPMS AFP Quad Screen	Determ C. Mother' Cau D. Numbe	ined by: Ultra 's Ethnic Origin: Lucasian UHisport r of fetuses: Ultra	→ African America panic → Other —	n 🗖 Asian	es 🗆 No	G. History of no If yes, explaH. Previous proI. Pregnancy i	eural tube in: egnancy v is from a of donor a	with Down donor egg at time of r	Syndrome? Petrieval:	I Yes □ No						
TRPSC AFP Single Marker AFPMS AFP Quad Screen	Determ C. Mother' Cau D. Numbe	ined by: Ultra 's Ethnic Origin: Lucasian UHisport r of fetuses: Ultra	→ African America panic → Other —	n 🗖 Asian	es 🗆 No	G. History of no If yes, expla H. Previous pro I. Pregnancy i If yes, age c	eural tube egnancy v is from a of donor a moker?	with Down donor egg at time of r	Syndrome? ?	I Yes 🗔 No						
TRPSC AFP Single Marker AFPMS AFP Quad Screen	Determ C. Mother' Cau D. Numbe	ined by: Ultra 's Ethnic Origin: Lucasian UHisport r of fetuses: Ultra	→ African America panic → Other —	n 🗖 Asian	es 🗆 No	G. History of no If yes, expla H. Previous pro I. Pregnancy i If yes, age c	eural tube egnancy v is from a of donor a moker?	with Down donor egg at time of r	Syndrome? Property Yes No S-SS1	I Yes 🗔 No	_ Sputun					
TRPSC AFP Single Marker AFPMS AFP Quad Screen QUAD2	Determ C. Mother Cau D. Numbe E. Patient is	ined by: Ultra 's Ethnic Origin: ucasian Hisp r of fetuses: s an insulin-depend	African America panic Other dant diabetic during pr	n	es 🗆 No	G. History of normal figures, explain H. Previous profile. Pregnancy in the figures of the figur	eural tube egnancy v is from a of donor a moker?	with Down donor egg at time of re Yes	Syndrome? Properties of the syndrome? Prope	I Yes INO	_ Sputun _ Vial					
TRPSC AFP Single Marker AFPMS AFP Quad Screen QUAD2	Determ C. Mother Cau D. Numbe E. Patient is	ined by: Ultra 's Ethnic Origin: ucasian Hisp r of fetuses: s an insulin-depend	African America panic Other dant diabetic during pr	n	es 🗆 No	G. History of normal figures, explain H. Previous profile. Pregnancy in the figures, age of the control of the figures. The figures of the fi	eural tube egnancy v is from a of donor a moker?	with Down donor egg at time of re Yes	Syndrome? Property Yes No S-SS1	I Yes INO	_ Sputur					
TRPSC AFP Single Marker AFPMS AFP Quad Screen QUAD2	Determ C. Mother Cau D. Numbe E. Patient is	ined by: Ultra 's Ethnic Origin: Lucasian Hisport of fetuses: San insulin-dependence Pt. Full Name:	African America panic Other dant diabetic during pr	n	es 🗆 No	G. History of normal figures, explain H. Previous profile. Pregnancy in the figures of the figur	eural tube egnancy v is from a of donor a moker?	with Down donor egg at time of re Yes ROFFICIA JSE ONLY	Syndrome? Property of the syndrome? Property o	I Yes INO	_ Sputur _ Vial					
AFP Single Marker AFPMS AFP Quad Screen QUAD2 Pt. Full Name:	Determ C. Mother Cau D. Numbe E. Patient is	ined by: Ultra 's Ethnic Origin: Lucasian Hisport Hisport r of fetuses: San insulin-dependence Pt. Full Name: Collect: Hy: By: San insulin-dependence Hisport	African America panic Other dant diabetic during pr	regnancy: Ye	es 🗆 No	G. History of normal figures, explain H. Previous profile. Pregnancy in the figures of the figur	eural tube in: egnancy v is from a of donor a moker? FO L Notic Diagr	with Down donor egg at time of re Yes ROFFICIA JSE ONLY	Syndrome? Property of the syndrome? Property o	No No Cup _	_ Sputur _ Vial _ Slide					

cover routine screening tests.

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