**Hospital & Clinics**

**GYNECOLOGIC CYTOLOGY REQUISITION**

**CYTOLOGY – 122**

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**FEDERAL REGULATIONS REQUIRE ALL *BOLD ITEMS MUST BE COMPLETED OR THE SPECIMEN WILL NOT BE ACCEPTED.**

<table>
<thead>
<tr>
<th><em>Requesting Provider</em></th>
<th><em>I.D. Number</em></th>
<th><em>Beeper / Extension</em></th>
<th><em>RecLoc</em></th>
<th>Cytology Accession No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident / Fellow</td>
<td>Resident I.D. #</td>
<td></td>
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<td></td>
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</tbody>
</table>

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**Collection Date:** ________________

**Collection Site:**

<table>
<thead>
<tr>
<th></th>
<th>Cervix</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Vagina</td>
</tr>
<tr>
<td></td>
<td>Cervix and Vagina</td>
</tr>
<tr>
<td>Other:</td>
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</tbody>
</table>

**Reason for Examination (check one):**

*____* Diagnostic Pap (patient with previous abnormal Pap smear or signs & symptoms suggestive of a gynecological disorder or history of cancer of the uterus, cervix, vagina)

*____* Screening Pap (Low risk patient)

*____* Screening Pap (High risk patient)

**HPV Testing**

*____* Perform high-risk HPV testing.  
*____* Perform high-risk HPV testing only following ASC-US interpretation.

**Date LMP:**

- Pregnant  
- Postpartum  
- Postmenopausal  
- BCP

**Previous Diagnoses (check all that apply):**

- Within Normal Limits
- Low Grade SIL (includes condyloma / HPV / CIN-I)
- High Grade SIL (includes CIN-II, CIN-III, CIS)
- Other:

**Previous therapy (please circle):**

- conization
- cryotherapy
- radiotherapy
- LEEP
- oophorectomy
- hysterectomy
- other: ____________________________

**Comments / Requests:** ____________________________