**GYNECOLOGIC CYTOLOGY REQUISITION**  
**CYTOLOGY – 122**

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

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

**Collection Date:**  
**Collection Site:**
- Cervix
- Vagina
- Cervix and Vagina
- Other:

**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):**
- colposcopy & biopsies
- LEEP
- conization
- cryotherapy
- oophorectomy
- hysterectomy
- radiotherapy
- chemotherapy
- other:

**Comments / Requests:**