

Patient Name (Last) (First) (M.I.)
PLEASE TYPE OR PRINT

Patient ID Lab ID

Birthdate Sex
 _____ / _____ / _____ Male Female Unknown/Other
 Mo / Day / Year

Referring Physician

 Contact name (Last, First)

Results available through ARUP Connect: connect.aruplab.com
 Fax (optional)

_____ Contact name (Last, First) _____ Secure fax number

Specimen Transport
 Room temperature Refrigerated

Specimen Collection
 Date: _____ Time: _____ AM PM
 Mo / Day / Year

ICD-9 Codes

Surgery: (Date, Type) Pregnant:..... Y N
 _____ Postpartum: Y N
 _____ IUD: Y N
 _____ Hormone Therapy: Y N
 _____ Postmenopausal: Y N
 _____ Hysterectomy: Y N
 LMP _____ Chemotherapy: Y N
 _____ DES Exposure: Y N
 _____ Radiation: Y N

Diagnostic Pap Test (patient is high risk for cervical disease)
 Explain: _____

Screening Pap Test

Previous Abnormal Pap Report number and results: _____

Nongynecologic clinical history:

Cytology Testing (Reorder #32965)

This requisition should only be submitted with specimens from the same collection date/time, unless otherwise instructed by the test directory.
ARUP SPECIMEN PROCESSING ORDER 8200060

*****GYNECOLOGIC TESTING *****

(See each orderable for Test numbers)

GYNECOLOGIC SPECIMEN SOURCE

- Vaginal
- Lateral Vaginal Wall
- Cervical
- Endocervical

GYNECOLOGIC TESTING

- Conventional Pap Smear (Test 2000624)
- ThinPrep Pap Test (Test 2000137)
- ThinPrep Pap & High Risk HPV (Test 2000136)
- ThinPrep Pap Test w/ Reflex to HPV if ASCUS (Test 2000138)
- HPV DNA Probe, High Risk (Test 3016945)

***** FISH TESTING *****

- Pancreatobiliary FISH (Test 2002528)
 Source _____
 Fixative _____
- Bladder Cancer FISH (Test 3016627)
 Source _____
 Fixative _____

***** NONGYNECOLOGIC TESTING *****

PULMONARY (Test 2000623)

- Sputum
- Bronchial (Wash/Brush) (L / R)
- Bronchoalveolar Lavage Malig

GASTROINTESTINAL (Test 2000623)

- Oral Cavity (Wash/Brush)
- Esophageal (Wash/Brush)
- Gastric (Wash/Brush)
- Bile Duct Brush
- Bile Drainage

UROLOGIC (Test 2000623)

- Urine, Voided
- Urine, Catheterized
- Bladder-Washing
- Renal Pelvis (Wash/Brush) (L/R)
- Ureteral (Wash/Brush) (L/R)
- Urethral Wash

BODY CAVITY FLUIDS (Test 2000623)

- Pleural Fluid (L/R)
- Peritoneal Fluid
- Pericardial Fluid
- Pelvic Washing
- Synovial Fluid

OTHER NON-GYNECOLOGIC SOURCES

- (Test 2000623)
- Nipple secretion (L/R)
- Cerebrospinal Fluid
- Conjunctival Scraping
- Skin Scraping
- Tzanck Smear
 Source _____
- Vitreous Fluid
- Anal Cytology
- Breast Ductal Lavage
 (L/R) Orifice _____

FINE NEEDLE ASPIRATION (Test 2000443)

- Breast (L/R)
- Kidney (L/R)
- Lung (L/R)
- Liver
- Lymph Node:
 Site _____
- Ovary (L/R)
- Pancreas
- Thyroid (L/R)
- Salivary Gland
- Other

OTHER TESTS ORDERED

TEST NUMBER _____

TEST NAME _____

TEST NUMBER _____

TEST NAME _____

Number of specimens submitted _____

Total number of tests ordered _____

**ARUP Laboratories Only
 Master Label**