

Patient Name (Last) _____ (First) _____ (M.I.) _____		
Patient ID _____	Lab ID _____	
Birthdate _____ Mo / Day / Year	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown/Other	
Referring Physician _____ Contact name (Last, First) _____		
Results available through ARUP Connect: connect.aruplab.com <input type="checkbox"/> Fax (optional)		
Contact name (Last, First) _____	Secure fax number _____	

Specimen Transport <input type="checkbox"/> Room temperature <input type="checkbox"/> Refrigerated <input type="checkbox"/> Frozen	
Specimen Collection Date: _____ / _____ / _____ Time: _____ Mo / Day / Year <input type="checkbox"/> AM <input type="checkbox"/> PM	
Specimen Type <input type="checkbox"/> Serum <input type="checkbox"/> Stool <input type="checkbox"/> Plasma <input type="checkbox"/> Random <input type="checkbox"/> Whole Blood <input type="checkbox"/> Timed: _____ hrs _____ vol <input type="checkbox"/> CSF <input type="checkbox"/> Tissue site _____ <input type="checkbox"/> Urine <input type="checkbox"/> Random <input type="checkbox"/> Timed: _____ hrs _____ vol <input type="checkbox"/> Other: _____	
Comments/Special Instructions	

Surgery: (Date, Type) _____	Pregnant: Y N
_____	Postpartum: Y N
_____	IUD: Y N
LMP _____	Hormone Therapy: Y N
	Postmenopausal: Y N
	Hysterectomy: Y N
	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: _____

Clinical History: _____

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

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

(See each orderable for Test numbers)

GYNECOLOGIC SPECIMEN SOURCE

- Vaginal
- Lateral Vaginal Wall
- Cervical
- Endocervical
- Source not specified

GYNECOLOGIC TESTING

- ThinPrep Pap Test Standalone (Test 3018968)
- ThinPrep Pap Test with co-test HPV (Test 3018973)
- ThinPrep Pap Test w/ Reflex to HPV if Abnormal (Test 3020444)
- ThinPrep Pap Test w/ Reflex to HPV if ASCUS (Test 3018971)
- Conventional Pap Smear (Test 2000624)
- 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
 - Oil Red-0
 - Hemosiderin
- _____

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 NONGYNECOLOGIC 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 *****

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

**ARUP Laboratories Only
Master Label**