

CUNNINGHAM PATHOLOGY, LLC

924 MONTCLAIR ROAD, SUITE 200

BIRMINGHAM, AL 35213

Birmingham 205-591-7999 • Tuscaloosa 205-752-8576

Embossing Area



081904391



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FORM# CP02B REV. 12/12

EASTERN BUSINESS FORMS, INC. (205) 822-6504

Patient Information							
Social Security Number	Date of Birth	Last Name	First Name		Middle Initial	Date of Service	
Street Address		City	State	Zip Code	Telephone Number	Sex	Marital Status
Medical Record or Account Number	Attending Physician		Requesting Physician		Physician's Signature		
Responsible Party / Primary Insurance				Attach All Billing Information or Complete Below			
Relationship to Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			Last Name		First Name		M.I.
Insurance Plan		Group Number		Contract Number		Effective Date	
NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. BE SURE TO WRITE PATIENT'S NAME AND SOURCE OF SPECIMEN ON FROSTED END OF SLIDE IN PENCIL.							
ICD-9 codes are the internationally accepted method of describing the clinical picture of the patient. All diagnoses should be provided by the ordering physician or his or her authorized designee. The following is a partial list of common diagnoses in ICD-9 format. Most third party payers require an ICD-9 code to indicate the medical necessity of the test(s) and or profile(s) ordered. For a complete listing of all ICD-9 codes please refer to a current version of the ICD-9 CM book.				Diagnosis/Signs/Symptom in ICD-9 Format (Highest Specialty)			
V76.2 (Routine cervical pap smear)		V69.2 (High risk sexual behavior)		795.03 (Abnormal pap smear, cervix, LGSIL)		795.08 (Unsatisfactory cervical cytology smear)	
V72.31 (Routine gynecological exam)		V73.88 (Chlamydial diseases)		795.04 (Abnormal pap smear, cervix, HGSIL)		795.09 (Other abnormal pap smear of cervix and cervical HPV)	
V72.32 (Pap smear to confirm recent normal smear following abnormal smear)		V74.5 (Screening venereal disease)		795.05 (Cervical high-risk HPV DNA positive)		V15.85 (Exposure to body fluids)	
079.4 (Human papillomavirus)		795.00 (Abnormal pap smear, cervix, atypical)		795.06 (Pap smear with cytologic evidence of malignancy)			
616.10 (Vaginitis)		795.01 (Abnormal pap smear, cervix, ASCUS)		795.07 (Satisfactory cervical smear but lacking transformation zone)			
623.5 (Leukorrhea, not specified as ineffective)		795.02 (Abnormal pap smear, cervix, ASC-H)					

GYN CYTOLOGY

PAP TESTS: Liquid Based Pap with reflex to HR HPV on ASCUS
 Liquid Based Pap and HR HPV (Includes BOTH TESTS)
 Liquid Based Pap only Conventional Smear

Specimen Source: Cervix/Endocervix Vagina Supracervical Hyst

Indication: Routine Cytology Follow-up Cytology
 LMP _____ Pregnant Postpartum Menopausal

Hormones: BCP Progesterone Estrogen Replacement IUD

Previous Abnormal: **yes** **no** Diagnosis _____
 Date _____

Treatment: cone biopsy hyst rad/chemo cryo laser Date _____

Additional history: _____

MOLECULAR TESTS: ThinPrep / Swab

Chlamydia/GC Chlamydia only Gonorrhea only

Herpes Simplex Virus I & II

HPV High Risk (No pap)

8001 Gardnerella, Trichomonas, Candida albicans/glabrata/parapsilosis/tropicalis

121 Leukorrhea Panel - Trichomonas, Gonorrhea, Chlamydia

166 Bacterial Vaginosis Panel - Atopobium vaginae, Megaspheara I-II, BVAB2, Gardnerella

560 Candida Vaginitis Panel - C. albicans/glabrata/parapsilosis/tropicalis

134 Mycoplasma/Ureaplasma Panel - M. hominis & genitalium, U. urealyticum

115 Genital Ulcer Panel - HSV I and II, Haemophilus ducreyi, Treponema pallidum (syphilis)

182 Aerobic Vaginitis - Group B Strep, Enterococcus faecalis, E. coli. Staph aureus (Swab Only)

127 Vaginal Group B Strep (Swab Only)

137 Group B Strep Antibiotic Resistance (swab only)

7009 BD Affirm Candida, Gardnerella, Trichomonas (BD Affirm Swab ONLY)

Cervical FISH Test

Pap with reflex to cervical FISH with LSIL result or ASCUS HPV positive

1201 Cystic Fibrosis Gene Carrier Screening Ethnicity _____

1216 Sickle Cell Anemia by SNP Genotyping with Pyrosequencing

Other Tests _____

Histology

Material Submitted: _____

Clinical History and Procedure: _____

Pre-Operative Diagnosis: _____

LAB USE ONLY: Gross Description				
Sm rec'd	Sm made	CB	Spins	Monolayer

<p>ADVANCE BENEFICIARY NOTICE (ABN) PLEASE ATTACH COMPLETED AND SIGNED ABN FORM. FORWARD TO CUNNINGHAM PATHOLOGY WITH SPECIMEN.</p>
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