Mid-Florida Pathology

For specimen pick up, please call 352-308-8903

Mid Florida Pathology
2100 Prevatt Street
Eustis, FL 32726
Phone: 352-460-0292
Fax: 352-460-0785
www.midfloridapathology.com

Date of collection: ________________ Time of collection: ________________

PATIENT INFORMATION

Name (First, Last)
Sex   Birth Date (Month Day Year)
Social Security#   Hosp./Clinic#
Street Address/Apt.#
City   State   Zip
Phone *(Home)*   *(Work)*

PHYSICIAN INFORMATION

ICD10 code: ________________________

PRIMARY INSURANCE ☐ Self Pay ☐ Insurance

Please include a copy of insurance card and patient ID.

Insurance Company
Subscriber/Member#   Group#
Claim Address
City   State   Zip

SECONDARY INSURANCE ☐ None

Insurance Company
Subscriber/Member#   Group#
Claim Address
City   State   Zip

SOURCE

☐ Cervical ☐ Vaginal ☐ Endometrial ☐ Other
☐ Endocervical ☐ Labia / Vulva ☐ Rectal

Height: ________________________
Weight: ________________________

PLEASE SUPPLY THE FOLLOWING INFORMATION TO ASSURE A COMPLETE SPECIMEN EVALUATION

DATE OF LAST PAP _____/_____/_____

☐ Screening ☐ Diagnostic

CYTOLOGY TESTING

☐ Liquid-Based PAP Test
☐ PAP with HPV
(co- testing for women 30 & over)
☐ PAP with reflex HPV if ASC-US
☐ PAP with reflex HPV if abnormal
☐ HPV ONLY
☐ HPV Genotyping ONLY
☐ PAP w/GC/CT+HPV

FISH TESTING

☐ Cervical FISH ☐ Bladder FISH

PREVIOUS CYTOLOGY

☐ Neg ☐ Atypical ☐ Dysplasia ☐ CA IN-SITU
☐ Other:________________________________

PREVIOUS TREATMENT

☐ Date LMP / Menopause
____
☐ Hyst-Total ☐ Cryo
☐ Radiation ☐ Conization
☐ Colp & BX ☐ None
☐ Supracervical Hysterectomy

CHECK ALL THAT APPLY

☐ Pregnant_________weeks of gestation
☐ Lactating
☐ Post-Partum
☐ PMP Bleeding
☐ IUD
☐ Radiation / Chemo
☐ Estrogen Replacement Rx
☐ Oral Contraceptives
☐ Depo / Norplant
☐ Nuva Ring
☐ Contraceptive Patch

MOLECULAR TESTING/MICROBIOLOGY

☐ Chlamydia ☐ Gonorrhea ☐ Aerobic Culture
☐ Trichomonas ☐ Herpes Simplex I, II ☐ Anaerobic Culture
☐ Leuokrrhea ☐ Urine Culture ☐ Fungal Culture
Chlamydia, Gonorrhea, Trichomonas
☐ CV / TV Assay
Candida Species, Candida glabrata, Trichomoniasis
☐ Bacterial Vaginosis Assay
☐ Mycoplasma Genatilium Assay

CLINICAL HISTORY / MISCELLANEOUS TEST

HISTOLOGY / NON-GYN CYTOLOGY

☐ Colpo ☐ ECC/ECB
☐ Endometrial Bx ☐ Vaginal Bx
☐ Vulva Bx ☐ LEEP/Cone
☐ ______________ ☐ ______________

Notes:

Original - Mid Florida   Yellow copy - Client

Authorized Signature: ________________________________