EIV DIAGNOSTICS

1477 E. Shaw Ave. Ste 170
Fresno, CA 93711
(559) 777-7117
Fax (559) 777-7110

Name _____ D.O.S. _____
LAST (Please Print) FIRST

Address _____ D.O.B. _____

_____ Provider: _____
CITY STATE ZIP

SSN #: _____ Sex: ☐ Female ☐ Male Patient Acct #: _____

Copy To _____ Patient Phone # _____

Insurance Card Copy REQUIRED (Front & Back)

☐ Client ☐ Patient ☐ Insurance (See Attached) ☐ Medicare _____ ☐ Medicaid _____

PAP TEST

PAP TEST

NO PAP TEST

☐ **STAT**

Please check "Pap" or "No Pap" Test

HPV Testing

☐ ASCUS Only
☐ ASCUS and Above
☐ ANY DIAGNOSIS
☐ DNA w/ Pap (age 30 and above cotest)
☐ NO Reflex HPV testing
☐ HPV ONLY (no Pap)

☐ **BD Affirm or from the ThinPrep vial**
Gardnerella, Candida, Trichomonas

GenProbe or from the ThinPrep vial

☐ Chlamydia
☐ Gonorrhea
☐ Trichomonas

Additional Molecular Testing

☐ Herpes (from Pap or BD universal viral transport)
☐ Tier 2 reflex, Candida Species Profile, Atopobium Vaginae (pap only)
☐ Mycoplasm Genitalium (pap only)

CINtec PLUS Cytology

☐ CINtec PLUS
☐ Reflex CINtec PLUS (pap normal HPV positive)

PATIENT HISTORY **REQUIRED INFORMATION

PATIENT HISTORY
REQUIRED INFORMATION

LMP _____

Date of Last Pap: _____

Specimen Source
☐ Vaginal
☐ Cervical
☐ Endocervical
☐ Other _____

Last Pap/HPV Diagnosis: _____

☐ Z01.419 Routine Gynecological Exam
☐ Z12.4 Cervical Screening Pap
☐ Z11.51 Screening for HPV
☐ Z34. _____ Supervision of pregnancy
☐ N87.0 Mild Cervical Dysplasia
☐ N87.1 Moderate Cervical Dysplasia
☐ R87.610 ASCUS of Cervix
☐ N95.0 Postmenopausal bleeding
☐ R87.619 Abnormal Pap
☐ N89.8 Leukorrhea
☐ N76.0 Acute Vaginitis
☐ Z11.3 Screening STD
☐ Z20.2 Exposure to STD
☐ Z39.2 Postpartum visit

Other _____

Clinical History

☐ Pregnant
☐ Post Partum
☐ High Risk
☐ Birth Control Pills
☐ IUD
☐ Depo Provera
☐ Post Menopausal
☐ Hysterectomy
☐ Estrogen
☐ Cervicitis
☐ Vaginitis
☐ Radiation Rx/Chemo

Other _____

Non-GYN & TISSUE BIOPSY

NON GYN/TISSUE BIOPSY

☐ Breast Cyst (smear or Aspiration)
☐ Bronchial Brush
☐ Sputum
☐ Urine (voided)
☐ Urine (catheterized)
☐ Fine Needle Aspiration
Site: _____

☐ Cervical Biopsy _____
☐ Endocervical Curettage (ECC)
☐ Endometrial Biopsy (EMB)
☐ LEEP
☐ Vulvar Biopsy
☐ Vaginal Biopsy
☐ Skin Biopsy _____

☐ Other: _____

Specimen Source(s): _____

☐ Correlate with Pap Results (if available)

Clinical History: _____

Hormone Therapy (specify): _____

Clinical Diagnosis: _____

Physician Signature _____