

WOMEN'S HEALTH REQUISITION

PATIENT INFORMATION				CLIENT INFORMATION				
Last Name	First Name	M.I.	Client Name	Account ID				
Street Address			Apt#	Street Address				
City	State	Zip	City	State	Zip			
Phone Number	SSN		Phone Number	Fax Number				
Date of Birth – MM/DD/YYYY	Age	Sex	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient	Ordering Physician	NPI			
Patient ID	Encounter/Visit#		Treating Physician	NPI				
BILLING/INSURANCE INFORMATION								
BILL: <input type="checkbox"/> Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Patient <input type="checkbox"/> Account			Medicare#	Medicaid#				
Name of Insured/Responsible Party (Last/First) <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			Date of Birth of Insured/Responsible Party - MM/DD/YYYY					
Insurance Company Name		Street Address/PO Box			City	State		
Policy Number		Group#				Zip		
ICD-10 Code								
SPECIMEN INFORMATION <small>Date</small>								
Collected – MM/DD/YYYY		Time Collected	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Collection Location	Fasting <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specimen Source:		Collection Device:	# of slides					
GYN CYTOLOGY (PLEASE ATTACH AVAILABLE PERTINENT CLINICAL HISTORY)								
Clinical History: LMP Date: <input type="checkbox"/> Pap Test only		ThinPrep, SurePath (<input type="checkbox"/> e6rPap) with PAP SMEAR (see reverse side) 1004483 <input type="checkbox"/> STD Panel 1 by NAAT with SurePath 1004487 <input type="checkbox"/> STD Panel 1 by NAAT with ThinPrep		Aptima Swabs (<input type="checkbox"/> e6rSwab) WITHOUT A PAP SMEAR (see reverse side) 1004442 <input type="checkbox"/> STD Panel 1 by NAAT (APT, SRP, TP, Urine) 1004443 <input type="checkbox"/> STD Panel 2 by NAAT (APT, SRP, TP)				
<input type="checkbox"/> High-Risk Specify History:		1004484 <input type="checkbox"/> STD Panel 2 by NAAT with SurePath 1004488 <input type="checkbox"/> STD Panel 2 by NAAT with ThinPrep		1004444 <input type="checkbox"/> Vaginitis with STD Panel by NAAT (APT, SRP, TP)				
<input type="checkbox"/> Therapy Received: Specify:		1004485 <input type="checkbox"/> Vaginitis w/STD Panel by NAAT with SurePath 1004490 <input type="checkbox"/> Vaginitis w/STD Panel by NAAT with ThinPrep		1004481 <input type="checkbox"/> Comprehensive Swab by NUGENT (APT+smear) 1005083 <input type="checkbox"/> Comprehensive Swab by NAAT (APT)				
Previous PAP Date: <input type="checkbox"/> Normal <input type="checkbox"/> Malignant <input type="checkbox"/> ASCUS/AGUS LSIL/HPV (CIN1) <input type="checkbox"/> HSIL/HPV (CIN 2-3) Benign Changes:		1004486 <input type="checkbox"/> Comprehensive Vaginitis w/ STD Panel by NAAT with SurePath 1004489 <input type="checkbox"/> Comprehensive Vaginitis w/ STD Panel by NAAT with ThinPrep		Collection Device Codes (please check the collection device): <input type="checkbox"/> APT-Aptima Swab <input type="checkbox"/> SRP –SurePath <input type="checkbox"/> TP –ThinPrep				
GENERAL HEALTH		BONE METABOLISM		INFECTIOUS DISEASE				
1000130	Basic Metabolic Panel (see reverse side)	(R) G	1015288	Bone Specific Alkaline Phosphatase	(R) G	Specimen Description/Source:		
1000164	CBC with Differential**	(R) L	1003076	Osteocalcin	(R) G	1000241	Cortisol	(R) G
1000215	Comprehensive Metabolic Panel	(R) G	1015349	N-Telopeptide, Cross-linked, Random Urine	(R) RU	1003711	Trichomonas by PCR	(A) APT, SRP, TP, Urine
1002698	Protein, 24 hr urine with creatinine ratio (1) (2)	(R) U24	1015354	N-telopeptide, Cross-linked, Serum	(F) GFA	1003639	Varicella-Zoster IgG and IgM Antibodies	(R) G
1003670	Creatinine Clearance, 24 hr w/ Height and Weight (1) (2)(3)	(R) U24 & G	1015348	N-Telopeptide, Cross-linked, 24hr Urine (2)	(R) U24	1000967	Urine Culture	(A) UCT
1004504	Vitamin B12 and Folate	(R) G	1000763	PTH, intact	(R) LA	1002619	Syphilis Screen, Serum	(R) G
1000343	Iron with TIBC and saturation	(R) G	MOLECULAR GENETICS (CARRIER SCREENING)			REPRODUCTIVE AND SEXUAL MATURATION		
1000988	Vitamin D, 25-Hydroxy	(R) G	1016380	Cystic Fibrosis 39 mutation panel	(R) L	1015276	17-Hydroxyprogesterone	(R) RA
1000074	Anti-nuclear Antibodies (ANA)**	(R) G	1003824	CYSFIS: Cystic Fibrosis (CFTR) Sequencing Lavender (EDTA) or yellow (ACD Solution A or B / Refrigerated)	(A) BCT	1000241	Cortisol	(R) G
1000455	Hepatic Function Panel (see reverse side)	(R) G	1015621	Informed Pregnancy Screen without Gender	(A) BCT	1000302	Estradiol	(R) G
1000451	Hepatitis Panel Comprehensive (see reverse side)	(R) G	1015939	Informed Pregnancy Screen with Gender	(A) BCT	1015294	Estriol, Serum	(R) RA
1004387	Lipid Profile	(R) G	1015914	Informed Pregnancy Screen with Microdeletions without Gender	(A) BCT	1015169	Estrogens, Fractionated, LC/MS	(R) RA
1000922	Urinalysis, Routine	(R) UTT	1015940	Informed Pregnancy Screen with Microdeletions and Gender	(A) BCT	1000362	Follicle-Stimulating Hormone (FSH)	(R) G
1004494	ABO/Rh(4)	(R) L&RWB	1015988	Cystic Fibrosis Carrier Screen	(A) L	1000607	Luteinizing Hormone (LH)	(R) G
1004496	Antibody Screen with ID Reflex **	(R) L&RWB	1015987	Fragile X Syndrome Carrier Screen	(A) L	1000744	Prolactin	(R) G
1000430	hCG Quantitative	(R) G	1015986	Spinal Muscular Atrophy Carrier Screen	(A) L	1000743	Progesterone	(R) G
1015178	Maternal Serum Quad Screen	(R) RA	INFECTIOUS DISEASE			1015181	Testosterone, Free (Dialysis) and Total, LC/MS	(R) RA
1003149	Maternal Serum Screen-1st trimester (5)	(R) G	Specimen Description/Source:			CYTOGENETICS		
1003009	LAEVAL: Lupus Anticoagulant Evaluation: (Blue top Tube, 3.2% sodium citrate / Frozen)		1003995	Bacterial Vaginosis Graded Gram Stain	(A) Slide	1001051	HER2 by FISH	(A) FFPET
DIABETES			1005024	Bacterial Vaginosis by PCR	(A) APTV	1004439	Chromosome Analysis, Chorionic Villus	(A) SSC with culture media
1003250	Glucose Screen, OB, 1hr, 50gram (ACOG)	(R) GRYWB	1004189	Candida Albicans/Glabrata	(A) APT	1004413	Chromosome Analysis, Amniotic Fluid	(A) SSC
1003251	Glucose Screen, OB, 3 hrs, 100gram	(R) GRYWB	1000380	Chlamydia/Gonorrhea, Cervical	(A) TP, APT, SRP, Urine	1001115	Chromosome Analysis, POC Products of Conception, Tissue	(A) SSC with Tissue Media/ Saline
1000411	Hemoglobin A1C without average glucose	(R) L	1004858	Chlamydia/Gonorrhea, Anal-Rectal	(A) TP, APT, SRP	1001114	Chromosome Analysis, Peripheral Blood (Constitutional: non-hematological)	(A)
TUMOR MARKERS			1004861	Chlamydia/Gonorrhea, Throat	(A) TP, APT, SRP	Other Tests- (Please consult the DOS from www.testmenu.com/ClearPoint to ensure proper collection and results needs.)		
1000155	Breast Carcinoma Associated Antigen/CA15-3	(R) G	1002939	Cytomegalovirus (CMV) IgG, IgM	(R) G	Legend:		
1000154	Cancer Antigen 125	(R) G	1000383	Genital Culture	(A) Jem & SWB	(1) No preservative, keep refrigerated		
1000157	Cancer Antigen 27-29	(R) G	1004500	HIV Antigen and Antibody with Reflex Testing	(R) G	(2) Provide total volume in mL and time period in hours: Total volume _____ mL. Time _____ hours		
1000177	Carcinoembryonic Antigen (CEA)	(R) G	1003258	HPV 16, 18 & other HR genotypes by PCR, cervical	(A) SRP/TP	(3) Both serum and 24 hour urine aliquot required: Height _____ inches Weight _____ pounds		
1003059	Human Epididymis Protein 4 (HE4)	(R) G	1004862	HPV 16, 18 Anal-rectal	(A) SRP/TP	(4) If ordering both ABO/RH and Antibody Screen with Reflex to ID, draw only one lavender top tube and one plain red top tube.		
THYROID			1004863	HPV 16, 18 Throat	(A) SRP/TP	(5) Provide patient history form for maternal serum testin		
1003400	Thyroid Cascade (see reverse side)	(R) G	1000494	HSV culture (Neonate ONLY)	(R) M5			
1000365	Free T4	(R) G	1004215	HSV 1 & 2 by PCR	(A) APT			
1000914	Thyroid Stimulating Hormone (TSH), 3rd Generation	(R) G	1003662	Obstetric Panel with HIV (see reverse side)	(R) G, RWB, L			
			1000724	Perinatal Group B Streptococcus Culture	(A) SWB			
			1003635	Rubella IgG and IgM Abs	(R) G			
			1003025	TORCH Panel (see reverse side)	(R) G			

*Provide signed ABN when necessary ** Possible add-on charges

Transport Temperature

(A) = Ambient (R) = Refrigerated (F) = Frozen

SPECIMEN KEY			
A1	ACT1	M5	M5 with Flocked Swab
APT	AptimaSwab	NSW	Nasal Swab
APTV	Aptima Vaginal Swab	OP	Ova and Parasite Kit
BCT	Cell-Free DNA BCT Tube	RA	Red Top Tube/Spin, Aliquot Serum
BFP	Blue Top Tube/Spin, Aliquot and freeze Plasma	RU	Random Urine
CBT	Cary Blair Transport	RWB	Red Top Tube/Whole Blood
FFPET	Formalin-Fixed Paraffin Embedded Tissue	SRP	Sure Path
G	Gel Tube/Spin	SSC	Sterile Screw Top Container, 90 ml
GFA	Gel Tube/Spin, Aliquot Serum and freeze	SWB	Aerobe/Anaerobe Swab
GRYWB	Gray Top Tube/ Whole Blood	TP	Thin Prep
JEM	Jembec plate	U24	24 Hour Urine
L	Lavender	UTT	Urine Transport Tube
LA	Lavender/Spin, Aliquot Plasma	UCT	Urine Culture Tube

ThinPrep / SurePath Vial (ClearPap) Panels Performed with PAP SMEAR	Aptima Swabs (ClearSwab) Panels Performed WITHOUT PAP SMEAR
STDPanell1 SurePath PAP + Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis	STDPanell1 Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis
STDPanell1 ThinPrep Pap+ Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis	
STDPanell2 SurePath PAP + Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis and HSV1/2	STDPanell2 Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis and HSV1/2
STDPanell2 ThinPrep PAP + Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis and HSV1/2	
Vaginitis w/STD Panel SurePath PAP + Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, HSV1/2, Candida albicans, glabrata	Vaginitis w/STD Panel Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, HSV1/2, Candida albicans, glabrata
Vaginitis w/STD Panel ThinPrep PAP + Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, HSV1/2, Candida albicans, glabrata	
Comprehensive Vaginitis w/STD Panel SurePath PAP + Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, HSV1/2, Candida albicans, glabrata and HPV	Comprehensive Swab by NUGENT Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, HSV1/2, Candida albicans, glabrata +NUGENT Gram Stain
Comprehensive Vaginitis w/STD Panel ThinPrep PAP + Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, HSV1/2, Candida albicans, glabrata and HPV	
	Comprehensive Swab by NAAT Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, HSV1/2, Candida albicans, glabrata, Lactobacillus species, Gardnerella Vaginalis, Atopobium vaginae

PANELS

NOTE: All panel constituents can be ordered separately.

Basic Metabolic Panel (BMP) - Sodium, Potassium, Chloride, Carbon Dioxide, Anion Gap, Glucose, Blood urea Nitrogen (BUN), Creatinine, eGFR, BUN/Creatinine Ratio, and Calcium
Comprehensive Metabolic Panel (CMP) - Sodium, Potassium, Chloride, Carbon Dioxide, Anion Gap, Glucose, Blood Urea Nitrogen (BUN), Creatinine, eGFR, BUN/Creatinine Ratio, Calcium, Albumin, Total Protein, Globulin (calculated), A/G Ratio, Total Bilirubin, Alanine Transaminase (ALT), Aspartate Transaminase (AST), and Alkaline Phosphatase
Hepatic Function Panel Albumin, Total Protein, A/G Ratio, Globulin (calculated), Total Bilirubin, Direct Bilirubin, Alanine Transaminase (ALT), Aspartate Transaminase (AST) and Alkaline Phosphate
Hepatitis Panel Comprehensive - Hepatitis A Total Antibodies, Hepatitis A IgM Antibody, Hepatitis B Surface Antigen, Hepatitis B Surface Antibody, Hepatitis B Core Total Antibodies, Hepatitis B Core IgM Antibody, Hepatitis C Antibody
Thyroid Cascade - 1. if TSH3 is normal, no further testing is performed. 2. if TSH3 is borderline low, the Free T4 is performed. 3. if TSH3 is abnormal low (<0.10 mIU/L) then Free T4 is performed. If Free T4 is normal, then the Total T3 will be performed. 4. if TSH3 is abnormal high, the Free T4 and Thyroperoxidase (TPO) Antibody will be performed. (you may order these as separate orderables: TSH3, Free T4, T4, Thyroperoxidase Antibody)
TORCH Panel (Please ensure proper collection) Herpes Simplex Virus IgG1/2 and IgM Antibodies, Toxoplasma gondii IgG and IgM Antibodies, Cytomegalovirus IgG Antibody, Cytomegalovirus IgM Antibody, Rubella IgG Antibody, Rubella IgM Antibody.
Obstetric Panel with HIV (Please ensure proper collection) CBC, Syphilis Screen, Hepatitis B Virus Surface Antigen, Rubella IgG Antibody, ABO/RH, Prenatal Antibody Screen with ID Reflex, HIV Antigen and Antibody with Reflex testing. if HIV Reflexed the following test will be added: HIV-1/HIV-2 Antibody Differentiation

Medically Necessary Tests

Medicare generally does not cover routine screening tests; Medicare will only pay for those tests that are reasonable and necessary. Tests ordered pursuant to panels and/or profiles should be reviewed to ensure that all of the tests are medically necessary. Diagnosis codes should be reviewed to ensure that they accurately reflect the patient's condition and supports the medical necessity of the tests ordered.

CPT Codes, Reflex Testing and Confirmation

For the most comprehensive, up-to-date listing of CPT coding guidelines, please consult the med fusion Website: www.medfusionservices.com. In some circumstances, based on a test result, we will reflex to additional testing as specified in the Directory of Service. If a test is reflexed for further testing, additional or different CPT codes may be added and charges for the added tests will be billed to the payer specified.

Reportable Diseases

Positive findings for reportable diseases are reported by med fusion to State and/or Local Health Departments in compliance with Communicable Diseases surveillance and control regulations.

Specimen Transport

Please call Client Services at 972-966-7300/855-500-8535 for information on Courier Services in your area.

Shipping Locations

Send overnight delivery (FedEx) packages to:
med fusion
2501 S. State Hwy 121 Business, Suite 1200
Lewisville, TX 75067
972-966-7300/855-500-8535

Packaging Instructions for Diagnostic Specimens

Shipping regulations require that specimen packaging include the following:

1. Watertight primary receptacle.
2. Watertight secondary packaging with biohazard labeling. Either the primary or secondary tube must pass a pressure test.
3. Absorbent material (desiccant) placed between the primary receptacle and the secondary packaging.
4. Sturdy outside packaging constructed of corrugated cardboard, wood, metal, or plastic with appropriate labels, i.e. dry ice, UN3373 Biological Substance, etc.

Please call Client Services at 972-966-7300/855-500-8535 for shipping supplies or any other questions concerning how to package and ship samples to med fusion.

Specimen Temperature

med fusion lists the critical specimen temperature requirements for each assay in the Directory of Service. If no temperature is specified, store and ship specimens at ambient (room) temperature.

Please note that temperature ranges are as follows:

- | | |
|--------------------------------|-------------------|
| (F) Frozen (dry ice) | - 20° C or colder |
| (R) Refrigerated (cold pack) | + 2° to + 8° C |
| (A) Ambient (room temperature) | + 18° to + 26° C |

If you have questions, want to order copies of the Directory of Service, requisitions, packaging supplies or would like additional information on a specific assay, please call Client Services at 972-966-7300/855-500-8535.

All tests must be ordered by calling med fusion at 972-966-7300/855-500-8535. Assistance, including collection requirements and courier arrangements, is available 24/7/365.