PAT NO.	VISIT NO.		CYTOLOGY LAB NO:		
PATIENT NAME			DOCTOR	DR. CODE	Center
			DATE COLLECTED	DATE RECEIVED	ပ္ပ
		SEX	☐ HOSPITAL PATIENT		ca
LAST FIRST	T FIRST MI		GROUP HEALTH PATIENT Group Health Consumer #:		edical
FEDERAL LAW MANDATES COMPLETE PATIENT INFORMATION AND ICD-9 CODE FOR PROCESSING					
GYN Specimen source: (circle one) Endocx/Cervical Vagina			NON-GYN:		o u
AGE: LMP: History of Abnormal Pap/Bx or other Clinical Info:		r	(Specimen/Source)		Mason
HORMONES: None HRT BCP Tamoxifen PREGNANT: NO YES					
POST PARTUM: NO YES IUD: NO YES			NON-GYN ICD-9 CODE:		irginia
HYSTERECTOMY: NO YES (☐ Total or ☐ Partial with Cervical remnant)			HPV TESTING WILL BE DONE ON ALL ASCUS/AGC (Endocx) RESULTS FOR PATIENTS AGES 21-70		>
GYN ICD-9 CODE(s):					드
Screening Pap Code: Diagnostic Pap Code:			& PATIENT AGE IS 30-70 INITIAL IF NO HPV TESTING DESIRED		uisition
FOR LABORATORY USE ONLY BELOW THIS LINE					
TECH DX:		GROSS	GROSS:		
		unoss			/ Req
Pro			als: # Slides:	# Blocks:	ဋ
			Initials: # Slides: # Blocks: # Stain Diagnosis:		
PATHOLOGIST DX:		Gaick St	am Diagnosis.		P
	TIAL DATE:		Path Initials:	VMMC EORM # 03212 /2.00	ပ်

Virginia Mason Medical Center 1100 Ninth Avenue Seattle, WA. 98101

LABELLING SPECIMENS

All specimens submitted to the laboratory must be labelled with the patient's full name and medical record number (MRN). A Laboratory Requisition Slip must accompany all specimens.

Gynecological Specimens:

Label Specimen vial (or slide) with the patient's name and medical record number. The Cytology Requisition Form must be filled out completely with the following information; specimen source, collection date, age, last menstrual period, patient history and the ICD-9 Code.

Non-gynecological Specimens:

Write the patient's name and medical record number in pencil on the frosted end of the slide. Label the plastic slide container with the patient's name and MRN.

Label specimen collection container with the patient's name and medical record number. Labelling a specimen bag only is unacceptable. Complete the Cytology Requisition Form with the specimen source, age, patient history, collection date and ICD-9 Code.

NOTE: When ordering tests on patients for which medicare reimbursement will be sought, physicians (or other individuals authorized by law to order tests), should only order tests that are medically necessary for the diagnosis or treatment of a patient.