Yale Pathology Labs

Cytopathology & Surgical Pathology

For cytology reports, call (203) 785-5430
For surgical pathology reports, call (203) 785-2788

20 York Street
Yale-New Haven Hospital
New Haven, CT 06510

Ph: toll free 877 YALELAB

Case #____________________ PID# P_ _ _ _ _ _ _ _ _

Client (name & address):

Patient Name (Last, First, Middle Initial) ____________________

Maiden name:____________________

Address:____________________City:____________________State:____ Zip:__________

Patient SS#:____________________Date of Birth:____________________

❑ Female ❑ Male Patient Tel. #: ____________________

Submitting Physician (if first submission to Yale, include UPIN number):

❑ Self Pay ❑ Client/Doctor ❑ Insurance Guarantor's Name:

Primary Insurance

Insurance Name____________________
Effective Date ____________________
Plan Name____________________
Insurance Address, City & State (Please be specific)
Address:____________________
City:__________ State:________ Zip:________
Insured's ID#____________________
Insured's Name:____________________
Group No.:__________ Payor No.:__________
Relationship to Patient: ❑ Self ❑ Spouse ❑ Child ❑ Other
Insured's Employer:____________________
Insured's Address:____________________
City/State/Zip:____________________

Circle the ICD-9 code(s) that represent signs and/or symptoms

- 616.10 Vaginitis and vulvovaginitis, unspecified
- 616.8 Other specified inflammatory diseases of the cervix, vagina and vulva
- 616.9 Unspecified inflammatory disease of cervix, vagina and vulva
- 617.0 Endometriosis of uterus
- 617.9 Endometriosis, site unspecified
- 620.0 Follicular cyst of ovary
- 620.2 Other and unspecified ovarian cyst
- 621.2 Hypertrophy of uterus
- 621.8 Other specified disorders of uterus, not elsewhere classified
- 622.0 Erosion and ectropion of cervix
- 622.10 Dysplasia of cervix, unspecified
- 622.11 Mild dysplasia of cervix
- 622.12 Moderate dysplasia of cervix
- 622.2 Leukopiakia of cervix (uteri)
- 622.7 Muccous polyp of cervix
- 622.8 Other specified noninflammatory disorders of cervix
- 624.6 Polyp of labia and vulva
- 625.9 Pelvic Pain (female)
- 626.2 Excessive or frequent menstruation
- 626.6 Metrorrhagia
- 626.7 Postcoital bleeding
- 626.8 Other disorders of menstruation & other abnormal bleeding
- 626.9 Unspecified disorders of menstruation & other abnormal bleeding
- 627.1 Postmenopausal bleeding
- 627.8 Other specified menopausal and postmenopausal disorders
- 627.9 Unspecified menopausal and postmenopausal disorder
- 795.00 Abnormal glandular pap smear of cervix
- 795.01 Pap smear of cervix with atypical squamous cells of undetermined significance
- 795.02 Pap smear of cervix with atypical squamous cells cannot exclude high grade (ASC-H)
- 795.03 Pap smear of cervix with low grade intraepithelial lesion (LGSIL)
- 795.04 Pap smear of cervix with high grade squamous intraepithelial lesion (HGSIL)
- 795.05 Cervical high risk human papillomavirus (HPV) test positive
- 795.08 Unsatisfactory smear; Inadequate sample
- 795.09 Other abnormal pap smear of cervix and cervical HPV

ICD-9 OTHER: ____________________ **NOT STATED ABOVE**

Also send reports to (include complete name, address, phone & fax for each):

Patient is here for annual screening

- V76.2 Routine cervical pap screening (excludes V72.31 Routine gyn exam)
- V 76.47 Vaginal pap smear status post-hysterectomy for non-malignant condition
- V76.49 Special screening for malignant neoplasm: other sites
- V15.89 Other Special personal hx presenting hazards to health

Patient is high risk

- V67.01 Follow-up vaginal pap smear, status post hysterectomy for malignant condition
- V10.40 Personal History of malignant neoplasm: Genital Organs
- V10.41 Personal History of malignant neoplasm: Cervix uteri
- V10.42 Personal History of malignant neoplasm: Other parts of uterus
- V10.44 Personal History of malignant neoplasm: Other female genital organs

Date Specimen Taken: ____________________

Time Specimen Taken: ____________________

Total No. of Containers:____________________

Please have all patients sign: I hereby authorize and direct my insurance carrier to pay Yale University and Yale Medical Group any benefits due under my insurance plan. I agree to pay any remaining balance, or any expenses not covered under my insurance plan. I authorize the release of any medical information necessary to process this claim. I further permit a copy of this authorization to be used in place of the original.

Patient Signature:____________________

Perform HPV test:

ASCUS Only ❑ Yes **Regardless of pap result** ❑ Yes **ASCUS LSIL** ❑ Yes **ASCUS & Above** ❑ Yes **Atypical Glandular Cells** ❑ Yes

Perform Chlamydia/Gonorrhea test ❑ Yes **Perform Affirm Bacterial Vaginosis test** ❑ Yes **Perform HPV Genotyping** ❑ Yes

Perform Group B Strep Screen test ❑ Yes

History & Clinical Impression:

Specific Questions to be Answered/Procedures Requested:

Surgical Pathology

Specimens Submitted:

1
2
3
4
5

GYN Cytopathology

LMP (Required for all Paps)____________________

Check all that apply:

❑ Pregnant ❑ Postpartum ❑ On Birth Control Pills
❑ Abnormal bleeding ❑ Postmenopausal ❑ Using IUD
❑ Taking Progesterone ❑ Taking Estrogen ❑ Using Depoprovera
❑ Hysterectomy has been performed

Specimen Description (check all that apply):

❑ Endocervical ❑ Ectocervical ❑ ThinPrep
❑ Vulva ❑ Endometrial ❑ SurePath
❑ Vaginal: ❑ Pool ❑ Lateral wall ❑ Other Site__________
❑ Other

____
Authorized Provider Signature