



KAISER PERMANENTE®

Northwest Regional Laboratory
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PATIENT NAME

HEALTH RECORD NO.

Gyn Cytology • Requisition

*CLINICIAN INFORMATION (ALL FIELDS REQUIRED)

CLINICIAN PERFORMING PROCEDURE (PLEASE PRINT):	
ORDERING CLINICIAN (PLEASE PRINT):	
CLINICIAN ADDRESS:	
NATIONAL PROVIDER IDENTIFIER (NPI):	
CLINICIAN SIGNATURE:	
SURGERY LOCATION/ADDRESS:	
TELEPHONE #:	FAX #:
REQUISITION PREPARED BY (LAST, FIRST):	
COLLECTION DATE:	COLLECTION TIME:

PATIENT INFORMATION

DATE OF BIRTH:	<input type="checkbox"/> Female <input type="checkbox"/> Male
SPECIMEN PRIORITY:	<input type="checkbox"/> Routine <input type="checkbox"/> Stat
*ICD10:	
CLINICAL DIAGNOSIS & HISTORY:	
*SOURCE:	<input type="checkbox"/> Cervix <input type="checkbox"/> Vaginal/Hyst
DATE OF LAST MENSTRUAL PERIOD:	

TEST REQUESTS:

- 88142 Pap Only:** consider for patients age 21-24.
- 88142 Pap + Triage (Reflex) HPV:** consider for patients age 25-29. hr-HPV performed if Pap is ASCUS.
- 88142 Pap + Cotest HPV:** consider for patients age 30-65; hr-HPV performed for all Pap diagnosis.

KPNW RECOMMENDED SCREENING PAP ALGORITHM:

- Pap testing should begin at age 21
- Age 21-24: Pap Only; Pap every 3 years (with no HPV testing)
- Age 25-29: Pap every 3 years (with HPV TRIAGE if ASCUS)
- Age 30-65: Pap + HPV COTEST every 3-5 years

*Denotes required field.

Disclaimer: These recommendations are for screening only. Please see most recent ASCCP/ACOG guidelines for the most up-to-date non-screening/diagnostic testing algorithms.