

FCLab CYTOLOGY

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CYTOLOGY Lab Tests Requisition

Patient Name _____ DOB ___/___/___ Date ___/___/___

Physician _____ Diagnosis _____

Insurance { } Cash { } Medicare { } Medicaid { }

Required Information

LMP date		Previous PAP date	
Menarche date		Abnormal?	
Menopause date		Therapy	Y N NA
Leep/ Colp date			

PAP Requisition Form

88141	PAP thin Prep	
88141, 87624	PAP reflex High risk HPV, reflex 16,18 & 45	
87624	High Risk HPV reflex 16,18 & 45	
87491, 87591	CT/NG	
87661	Trichomonas vaginalis (Tv)	
87481 x 2	Candida glabrata, C. albicans, C. parasilosis, C. dubliniesis & C. tropicalis	
87511, 87798	Gardnerella vaginalis, Lactobacilus gasseri, L. crispatus & L jenseni	
87511	Mycoplasma genitalium	
87491, 87591, 87661, 87481 x 2, 87511 x2, 87798,	Complete Vaginitis panel. CT, NG, Trich, Candidiasis, GV, Lactobacili, MGen	
87529 x 2	Herpes simplex 1 & 2	

- Complete Vaginitis panel can be tested from Thin prep vial or 2 Aptima vaginal swabs.
- HSV muco-cutaneous swab in Remel transport media