**GENERAL LABORATORY TESTS PERFORMED AT GFH**

**Therapeutic Drug Monitoring**

**Microbiology**

**Tumor Markers**

**Blood Bank**

**ICD-10 Diagnosis Code & ADVANCE BENEFICIARY NOTICE (ABN)**

**Patient Information**

**Billing Information**

**Ordering Provider**

**Urine**

**HIV Scrn (4 tests)**

**Liver**

**TROUT**

**RPV**

**Shiga Toxin 1 & 2**

**Stool Culture**

**Strep A by PCR**

**Strep B**

**Trichomonas vaginalis**

**Trichomonas vaginalis**

**Tuberculosis**

**Tumor Markers**

**Wound Culture**

**Wound Culture**

**Wound Culture**

**Site/Source:**
## PATIENT INFORMATION
**Insurance, complete patient & ordering provider information MUST be completed on other side.**

**Patient Name (Last, First, Middle Initial):**

**Date of Birth: _____/ _____/ _____**

### PATHOLOGY
*ALL fields under applicable category REQUIRED*

<table>
<thead>
<tr>
<th>CYTOLOGY / SURGICAL</th>
<th>PAP SMEAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical Excision / Biopsy?</td>
<td><img src="true" alt="NO" /> <img src="false" alt="YES" /></td>
</tr>
<tr>
<td>Cytology non-gynecologic specimen?</td>
<td><img src="true" alt="NO" /> <img src="false" alt="YES" /></td>
</tr>
<tr>
<td>Specimen source name: <em>(Please include side / lobe / upper / lower as applicable)</em></td>
<td></td>
</tr>
<tr>
<td>Any ancillary tests that should be performed on this specimen:</td>
<td></td>
</tr>
<tr>
<td>Clinical history / reason for specimen procedure:</td>
<td></td>
</tr>
</tbody>
</table>

**Pap Smear Order:**

- [ ] Pap REFLEX HPV *(will reflex to HPV only if diagnosis is ASCUS)*
- [ ] Pap w/ HPV
- [ ] Pap w/ HPV & CT/NG
- [ ] Pap w/ HPV & CT/NG & Trichomonas

**Clinical Information:**

- Last Menstrual Period Date: _____ / _____ / ______

**Relevant Patient History:**

- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________
- __________________________________________

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**For tests not listed, please visit the test directory at [www.labcorp.com/test-menu/search](http://www.labcorp.com/test-menu/search) and indicate test code(s) from website in the box above.**

**Effective 08/2021**

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**GFH Form #270**

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