	Client Coo	de:				LAB USE ONLY		
NGCHI Health	Clinic:					Date	Date Received:	
CUMC Dormon Morow	Address:					Number of Slides:		
CUMC-Bergan MercyAddress Line2LaboratoryPHONE:						Accession Number:		
7500 Mercy Rd FAX:								
Omaha, NE 68124	1773.					Accession Number: Account Number:		
Phone: (402) 717-5227 Fax: (402) 717-5252								
Pax: (402) 717-5252 PATIENT DEMOGRAPHIC AND INSURANCE INFORMATION REQUIRED FOR ALL TESTING								
	INOGRAPF	IIC AND INS	MI		SSN	JIRED		Phone Number
				505				
Patient ID Physician #1 First & Last Nam		Name	Phys	ician #2 First &	Last Name		Date Collected	Time Collected
REQUIRED: Indicate Appropriate ICD10 Numeric Code(s) in Box(es) Below								
ICD10 1. 2. 3.								
CHECK ONE:	e must be	e given for all PAP testing to be billed to the patient or patient's insurance. If						
Bill to Office Account	information is not complete, the form and specimen will be returned for completion prior to testing.							
Bill to Patient / Insurance (MUST complete information below)	wor							
attach registration sheet for ALL				is of disease. See waiver secti				
MEDIPASS AUTHORIZATION NUN	MBFR		TIC PAP 1	EST		•		
There are (or have been) signs or symptoms of disease. Appropriate ICD10 numeric code is written above.								umeric code is written
Guarantor / Responsible Party	Primary Insurance				Secondary Insurance Name			
Phone Number of Guarantor	Policy Number				Policy Number			
Address Group			Group Number			Group Number		
City, State, Zip		Address of	Payer		Address of Payer			
					1			
GYN (PAP) CYTOLOGY SOURCE OF SPECIMEN SPECIMEN SUBMITTED						NON-(GYN CYTOLOG	SY / EL UID
SOURCE OF SPECIMEN	SPECIMEN S	Ide			SOURCE OF		MEN	
SOURCE OF SPECIMEN S Cervical / Endocervical [Vaginal	SPECIMEN S Smeared S (Label slide	UBMITTED lide with patient nar	me and DC	OB in pencil.)		SPECI	MEN	Gastric Esophageal
SOURCE OF SPECIMEN S Cervical / Endocervical [Vaginal	SPECIMEN S Smeared S (Label slide Liquid-Base	UBMITTED lide with patient nar			SOURCE OF	SPECI	MEN	Gastric
SOURCE OF SPECIMEN S Cervical / Endocervical [Vaginal	SPECIMEN S Smeared S (Label slide Liquid-Base (Label conta	UBMITTED lide with patient nar d PAP Test ainer with patien			SOURCE OF	ash	MEN	Gastric Esophageal Breast Fluid R or L CSF
SOURCE OF SPECIMEN S Cervical / Endocervical [] Vaginal [] Clinical Data: LMP: Date: Biopsy also sent [] Menopau	SPECIMEN S Smeared S (Label slide Liquid-Base (Label conta	UBMITTED lide with patient nar d PAP Test ainer with patien	nt name ar	d DOB.)	SOURCE OF Sputum Bronch-W Bronch-Bi Bal Fine Need	ash rush	ation	Gastric Gastric Sophageal Breast Fluid R or L CSF Urine
SOURCE OF SPECIMEN S Cervical / Endocervical [] Vaginal [] Clinical Data: LMP: Date: Biopsy also sent [] Menopau B.C. Pill [] Hysterect	SPECIMEN S Smeared S (Label slide Liquid-Base (Label conta use tomy	UBMITTED lide with patient nar d PAP Test ainer with patien Colpo	nt name ar [[d DOB.)] Chemo] Radiation	SOURCE OF	ash rush	ation	 ☐ Gastric ☐ Esophageal ☐ Breast Fluid R or L ☐ CSF ☐ Urine ☐ Ovarian Fluid R or L
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SOURCE OF SPECIMEN S Cervical / Endocervical [] Vaginal [] Clinical Data: LMP: Date: [] Biopsy also sent Menopau B.C. Pill Hysterec I.U.D. Hormone Pregnant Abnorma Post-Partum []	SPECIMEN S Smeared S (Label slide Liquid-Base (Label conta use tomy Rx.	UBMITTED lide with patient nar d PAP Test ainer with patien Colpo Laser Cryo	nt name ar [[[d DOB.)] Chemo] Radiation	SOURCE OF Sputum Bronch-W Bronch-Bi Bal Fine Need	SPECII	ation	 ☐ Gastric ☐ Esophageal ☐ Breast Fluid R or L ☐ CSF ☐ Urine ☐ Ovarian Fluid R or L
SOURCE OF SPECIMEN S Cervical / Endocervical [] Vaginal [] Clinical Data: LMP: Date: [] Biopsy also sent [] Biopsy also sent [] B.C. Pill [] Hysterec [] I.U.D. [] Pregnant [] Abnorma [] Breast Feeding []	SPECIMEN S Smeared S (Label slide Liquid-Base (Label conta use tomy Rx. I bleeding	UBMITTED lide with patient nar d PAP Test ainer with patien Colpo Laser Cryo Cryo Cone / Leep	nt name ar [[/ Leitz	d DOB.)] Chemo] Radiation	SOURCE OF Sputum Bronch-W Bronch-Bu Bal Fine Need Organ Site	SPECII	ation	Gastric Gastric Second
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SOURCE OF SPECIMEN S Cervical / Endocervical [] Vaginal [] Clinical Data: LMP: Date: [] Biopsy also sent [] Menopau B.C. Pill [] Hysterec I.U.D. [] Hormone Pregnant [] Abnorma Breast Feeding [] Previous PAP: Date: [] Dr. Comments: []	SPECIMEN S Smeared S (Label slide Liquid-Base (Label conta use tomy Rx. I bleeding	UBMITTED lide with patient nar d PAP Test ainer with patien Colpo Laser Cryo Cryo Cone / Leep	nt name ar [[/ Leitz	d DOB.)] Chemo] Radiation	SOURCE OF Sputum Sputum Bronch-W Bronch-Bi Bal Fine Neec Organ Site Other Spe	SPECII	ation	Gastric Gastric Sreat Fluid R or L CSF Urine Ovarian Fluid R or L Pleural Fluid R or L Perit Fluid CUI-De-Sac Fluid
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many services for my condition. **Medicare may not pay for test labeled "RESEARCH" or "INVESTIGATIONAL USE ONLY."