

## Instructions for Laboratory Requisition/Pap Smear, Data Retrieval Form 274 (Take Charge! Clients Only)

This form is used to request the following laboratory processing services: Pap smear, HPV, cervical biopsy, and breast biopsy. The one page form is provided in two (2) part no carbon required (NCR) format. Please write neatly on the form using black ink. Please complete the form as indicated below.

Please ensure that the name, date of birth, social security number and the clinic site number on the requisition match the information on the specimen vial. The laboratory will be unable to process specimens if the information on the requisition doesn't match the name on the specimen vial.

<b>Demographic and Facility Information</b>	
<b>Medicaid Number</b>	Leave this field blank. If a client has a Medicaid number they do not qualify for Take Charge!
<b>Phocis ID</b>	Leave this field blank if the client doesn't have a Phocis Id number.
<b>Program Information</b>	Place a check mark in the box in front of the Take Charge!
<b>Last Name</b>	Enter patient's last name.
<b>First</b>	Enter patient's first name.
<b>MI</b>	Enter patient's middle initial.
<b>Maiden/(prev)</b>	Enter patient's maiden last name, if known.
<b>DOB</b>	Enter patient's date of birth in MM/DD/YYYY format.
<b>SS#</b>	Enter patient's social security number.
<b>Collection Date</b>	Enter date of collection.
<b>County Name</b>	Enter county name where collection occurred.
<b>Clinic Site</b>	Enter site number of your facility. Write the name of your facility below the site number.
<b>Done by Name and Title</b>	Print the name of the person that collected the specimen and title.
<b>Spec Site</b>	Circle the site where specimen was retrieved.
<b>LMP</b>	Enter the first day of the client's last menstrual period.
<b>Currently Preg</b>	Circle one.
<b>G</b>	Place the number on the line that corresponds with the patient's obstetric history. (G = gravida),
<b>P</b>	Place the number on the line that corresponds with the patient's obstetric history. (P = para)
<b>BC</b>	Circle the patient's method of birth control (i.e., pill, Depo, etc).
<b>HRT</b>	Circle "Yes" if patient is currently on hormone replacement therapy.
<b>HPV</b>	Mark the type of HPV test you are requesting, Co-testing or Reflex.
<b>Pap Testing Section</b>	
<b>Date of last Pap</b>	Enter the date of the patient's last Pap smear.
<b>Where</b>	Circle the location where the Pap smear was done.
<b>Last Pap results</b>	Enter the results of the last Pap smear.

<b>Abnormal Pap Section</b>	
<b>Date of last Abn Pap</b>	Enter the date of the patient's last abnormal Pap smear results.
<b>Results</b>	Circle the results of the patient's past abnormal Pap smear.
<b>Previous Treatment</b>	Circle the previous treatment of the patient's past abnormal Pap.
<b>Date</b>	Date of client's previous treatment.
<b>Where</b>	Circle the location of the previous treatment.
<b>Other Medical Problems</b>	Enter any other medical problems that might affect results.
<b>Breast Biopsy Section</b>	
<b>CBE results</b>	Circle the clinical breast exam (CBE) result.
<b>Mammogram/Ultrasound Results</b>	Circle the result of the mammogram or ultrasound.
<b>Comments</b>	Enter any comments that would be useful for the laboratory.

**Please do not write in the "Lab Use Only" area or the University Health Partners area.**

**Routing and filing:** The form is provided in a two (2) part no carbon required (NCR) format. The original copy is retained by the Take Charge! provider as part of the client's permanent record and filed in the **client's chart or electronic medical record** and maintained in accordance with Correspondence and Report File Instructions, Item number 1-13, Medical Record. The copy page is sent with the specimen to the laboratory.