



7636 Burnet Avenue
 Van Nuys, CA 91405
 Telephone: (818) 908-3600
 FAX: (818) 908-3658
 CLIA #: 05D0642839
 Medical Director: Anila D. Guruji, M.D.

STAT

CALL RESULTS

West Coast Clinical Laboratories, L.P.

Date Obtained _____

BILL PATIENT BILL CLIENT

Medicare No. _____

MEDICARE PATIENTS MUST SIGN & ATTACH ABN.

Medi-Cal No. _____

Insurance Co. _____ Group # _____

Insured ID # _____

Insurance Co. Address _____

Patient S/S # _____

PATIENT INFORMATION:

PATIENT NAME LAST _____ FIRST _____ MI _____

ADDRESS _____

City _____ State _____ Zip _____

Telephone () _____

Sex _____ Date of Birth _____ Mo. _____ Day _____ Year _____

ICD 9 CODE REQUIRED

FACILITY OR DOCTOR

SPECIMEN INFORMATION (LAB USE ONLY)

PAP VIAL	NO. OF SLIDES	BOTTLES	OTHER
----------	---------------	---------	-------

ICD-9 DIAGNOSIS CODES MUST BE PROVIDED FOR EACH TEST

COLLECTION DATE: _____ **CLINICAL HISTORY:** _____

STATE LAW 1050 (g) REQUIRES COMPLETE PATIENT NAME, HISTORY AND PROPERLY LABELED SLIDES.

GYN CYTOLOGY SPECIMEN

SOURCE MUST BE PROVIDED:

Vagina Cervix Endocervix

Date of Last Menstrual Period: _____ Labeling verified

Additional History Yes, specify below No

Pregnant Post-partum Post-menopausal

Contraception, specify _____

Hysterectomy Hormonal Rx, type _____

Chemotherapy Radiation

Prior Cytology Normal Abnormal Specify _____

Other _____

TISSUE SPECIMEN SOURCE(S):

- _____
- _____
- _____
- _____
- _____
- _____

NON-GYN CYTOLOGY SPECIMEN

Fine-needle Aspiration: site _____

Left Right

Urine Voided Catheterized

Other, specify _____

CLINICAL HISTORY:

SPECIAL REQUESTS:

ThinPrep

ThinPrep - ASCUS Reflex to HPV HR Probe

ThinPrep Pap Chlamydia / Gonorrhea

LABORATORY USE ONLY

GROSS DESCRIPTION

Specific Gravity _____ Volume _____ Button Yes No No. Slides: Prep _____ Rec'd _____ By _____

SPECIMEN RECEIVED: _____ **WCCL VERIFIED:** _____