



Highlands Pathology Consultants, P.C.

TEST ADD-ON REQUEST FORM Cytology Department

Please fax back to: 423-224-5349

Patient name: _____ DOB: _____

Specimen type: _____ Date: _____

HPC specimen #: _____

Requesting physician: _____

Phone: _____ FAX: _____

Test(s) to be ordered / added:

HPV Co-Test ICD-10 CODE: _____ N. gonorrhoeae ICD-10 CODE: _____

Chlamydia trachomatis ICD-10 CODE: _____ HSV I & II ICD-10 CODE: _____

Pap ICD-10 CODE: _____

Other:

**Ordering Physician or Designee Signature
(REQUIRED)**

Date

For HPC Internal Use Only

Date/Time request received: _____

Request processed by: _____

**Highlands Pathology Consultants
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Kingsport, TN 37660
423-224-5789
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