



Empowering Personalized Cancer Treatment

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www.cancergenetics.com

LAB USE ONLY

Accession # _____

Date: _____ Time : _____

PATIENT INFORMATION

CLIENT INFORMATION

Name (Last, First, Middle Initial)

Address

D.O.B. _____ Sex Female Male

Social Security No.

Med. Rec. No. /Patient No. / Specimen No.

BILLING INFORMATION

REQUESTED TEST

Bill: Insurance Medicare-Part-B Patient
 Hospital/Institution

Pre-authorization # _____

Medicare # _____

Healthplan _____

Address _____

Policy/Cert.# _____

Group/Plan # _____



SPECIMEN INFORMATION

CLINICAL INFORMATION

Collection Date: _____ Collection Time: _____

PreservCyt SurePath

Specimen Collection

Liquid cytology in PreservCyt or SurePath. Specimen volume is recommended to be >10 mL.

Shipping Conditions

Specimens should be sent within 3 weeks of collection. Specimens should be shipped at room temperature (<=25°C) but shipping at 4°C is recommended.

Storage Conditions

Any storage after 48 hours of collection should be done at 4°C.

Diagnosis or Signs/Symptoms:

ICD9: _____

Cervical Cancer

HPV Status Positive

Negative

PHYSICIAN SIGNATURE
