

**Pathologists Diagnostic Laboratory, PA**

**HPV, GC, CHALMYDIA ADD-ON TEST  
REQUEST FORM**

Note: HPV or GC, Chlamydia tests may be ordered within two weeks of the collection date. Physicians' offices should receive HPV or GC, Chlamydia results within 7-10 working days after a request has been submitted.

The United States code of Federal Regulations requires a written and signed request be forwarded to the laboratory. Please assist us to meet this requirement to complete our records.

Test Requested:	HPV_____	GC,CHALMYDIA_____
Requesting Office:	Requesting Office Person:	
_____		
Patient Name:	Date:	Time:
_____		
Information from Original Acession/Specimen		
Specimen:	Acession#	Date:
_____		
Ordering Physician:		
_____		
Physician/Office Designee:		
_____		
Signature:	_____	Date:_____
<i>Your signature confirms your order for the above test.</i>		

**PLEASE FAX THIS REQUEST ALONG WITH A COPY OF THE ORIGINAL  
REQUISITION OR A COPY OF THE PATIENT ADDRESS AND INSURANCE  
INFORMATION TO 336-602-2609**

Pathologists Diagnostic Laboratory, PA  
630 Brookwood Business Park Drive  
Winston Salem, NC 27105  
(336) 306-5777