KAISER PERMANENTE®
Colorado Region -Regional Reference Laboratory
Cytology Department 303-404-4160 FAX: (303) 404-4161
11000 E. 45th Avenue
Denver, CO 80239

COMMUNITY PROVIDER & DOWNTIME FORM
PAP or NonGYN & FNA REQUEST

(Use for LIS-HealthConnect unavailable or Non-KP Provider **Only**)

Order Date:_____ **Facility & Clinic:**_____

***Patient Name:**_____ ***KP ID#**_____

☐ ***Non-KP/Community Provider** ☐ **KP Provider**

***Provider Name:**_____

***Provider Address:**_____

***Provider FAX number:**_____ ***Phone No.:**_____

PLEASE ATTACH OUTSIDE CLINIC SPECIMEN ORDERS

Patient Date of Birth:_____ **LMP**_____

***Source (be specific):**_____

*****Please write the source/site on the container(s).*****
Sources/sites must match for specimen to be accepted by KP Labs.

☐ Pap Only ☐ HPV-Cotest for 30-65 year old ☐ ChlamGc ☐ HPV Only -No Pap

Clinical History:_____

Clinical Diagnosis (ICD-10):_____

Previous Cytology/Biopsy:_____

----------***Lab Use only***----------

Case Number:_____ **Number of Slides:**_____

Pathologist:_____**Containers Recvd:**_____

Updated 1/16/2019 by Melissa Baca Cytology Dept.