



**Center for Molecular  
Cancer Diagnostics, Inc.**

HPV Genotypes 16, 18, 31,45, 33,35,39, 51, 52, 56, 58, 59, 68 (*Ordering Code: HRHPV*)

*Alternate Names: Genital Human Papillomavirus, HPV, HPVHR*

**Methodology Name And Description:** Qualitative PCR Amplification of all 13 HR HPV types

**Includes:** All 13 HRHPV Types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68.

**Specimen Testing Volume/Size:** 1 mL;

**Requirements:** Type: Cervical;  
Container: Thin Prep;  
Transport Temperature: Ambient;  
Notes: One cervical brush in ThinPrep Transport Pap Test Media.  
Place each specimen in an individually sealed bag.;

**Alternate Specimen Testing Volume/Size:** 1 mL;

**Requirements:** Type: Cervical;  
Container: Sure Path;  
Transport Temperature: Ambient;

**Stability:** Ambient: Thin prep media: 1 month; Sure Path media: 1 month;  
Refrigerated: Thin prep or Sure Path media: up to 6 months;  
Frozen: Thin prep or Sure Path media: 2 years;

**Clinical Info:** This test detects E6/E7 or L1 region of viral DNA of all 13 high-risk HPV types including 16, 18, 31, and 45. It is intended for women 21 years and older with ASCUS cervical cytology results and in women 30 years and older with high-risk HPV results. Sensitivity may be affected by specimen collection methods, stage of infection, and the presence of interfering substances. Results should be interpreted in conjunction with cytology or other available laboratory and clinical data. This test is not intended for use as a stand-alone test. This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes.

**Days Performed:** Monday – Friday (CMCD Holidays Excluded)

**Reported:** 2 Days from receipt of acceptable specimen in lab

**Reference Range:**

HPV Type 16, 18, 31, 45, and other 9 High Risk - Normal					
Sex	Age From	Age To	Age Unit	Normal Range	Range Unit
				Negative	

**CPT Code(s):** 87621(x3)

**Center for Molecular Cancer Diagnostics**

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CAP# 7541618

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PHONE: 330-405-2623



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LAB USE ONLY

Received by:

Date Rec'd:

Time Rec'd:

ACCOUNT INFORMATION

Account No.  Phone No.   
Treating Physician  UPIN No.

Requesting Physician Signature

I certify that I intend to order the services indicated which I consider medically necessary for the diagnosis and treatment of the patient. In accordance with CMS guidelines, all laboratory orders must either be signed by the ordering physician on the requisition or be documented and signed in the patient's medical record.

Duplicate Report To:   
Address:   
Fax:

PATIENT INFORMATION

Last Name  MI   
First Name   
Street  City   
State  Zip  Phone   
Sex:  (M)  (F) DOB   
Patient ID No.  Chart No.

BILLING INFORMATION

Bill to: Select One

Medicare  Medicaid  Patient's Insurance  Physician Bill  Self Pay  Other Insurance

PLEASE ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD

Patient is:  Subscriber  Spouse  Other Dependent

Primary Insurance Name:  Policy No.:

Group No.  Insured's Name:

Address:  City:  State:  Zip:

Secondary Insurance Name:  Policy No.:

Group No.  Insured's Name:

Address:  City:  State:  Zip:

PAP/GYNECOLOGY

ICD-9 Code  Volume  ML/CC

Collection: Date  Collection Method:  ThinPrep Only

Test Requested:  PAP  HR HPV  Gonorrhea/Chlamydia  Gonorrhea Only  Chlamydia Only

GYN Source  Cervix  Endocervix  Vaginal

Clinical History LMP/Menopause Date  Last Pap Test Date  History of Abnormal PAP:  Y  N

Results

Additional Information  High Risk Patient  AUB  BCP (Birth Control Pills)  Carcinoma  Chemotherapy/Radiation DX  
 Hormone Rx  Hysterectomy - Total  Hysterectomy - Subtotal (Cervix Present)  Post Menopause  Post Partum  Pregnancy

PATIENT REQUEST

I authorize any holder of medical or other information about me to release to the Social Security Administration, its intermediates, Blue Shield, or other carriers any information needed for this or related claims. I permit a copy of this authorization to be used in place of the original; and request payment of medical insurance benefits.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_