

Improving the health of the people in our communities by providing quality, compassionate care to everyone, every time

HPV REFLEX TESTING STANDING ORDER REQUEST

Complete and return this request to allow reflex testing. A separate form is required for each ordering provider.

This request is valid for one year from the date signed. Requests can be changed anytime by calling Sparrow Laboratories.

Date:		
Provider:		
Practice Name:		
Provider Signature:		
Please check all that apply:		
	For ages 21-29:	If ASCUS is diagnosed, reflex for HPV typing
	•	Perform HPV co-testing 0-65, if HPV test is positive, High-Risk HPV (16 and 18/45 genotyping) d.
	Perform Imaging on all ThinPrep Pap Tests Note: Imaging is covered by most insurances.	
f a provider requests HPV testing despite insurance restrictions, the Patient may be responsible		

If a provider requests HPV testing despite insurance restrictions, the Patient may be responsible for the charges.

We are grateful for the opportunity to participate in the care of your Patients. Thank you for choosing Sparrow Laboratories. Please direct any questions regarding HPV testing to Charles Gates, CT(ASCP), at 517-371-9411 or Melissa Garber at 517-371-9485.

Fax completed form to 517-371-9540