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 five years 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 diagnoses, reflex for HPV typing

☐ For ages 30-65: Perform HPV co-testing
   Note: For ages 30-65, if HPV test is positive, High-Risk HPV (16 and 18/45 genotyping) will be performed.

☐ Perform Imaging on all ThinPrep Pap Tests
   Note: Imaging is covered by most insurances.

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 Linda Zuzelski, CT(ASCP), at 517-371-9429 or Cyndi Waeiss at 517-371-9476.

Fax completed form to 517-371-9540