



DANE COUNTY
Cytology Center^{INC}



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FAX ORDER for HPV 16/18 GENOTYPING

Note: This test should only be ordered after a *POSITIVE* high-risk HPV test has been reported. It should never be run as a stand alone HPV test. Please call the Cytology Center with any questions at 608-255-5135.

Please run 16/18 Genotyping on the following patient:

(Print information or place Patient Sticker here)

Last Name: _____, First Name: _____.

MRN: _____

Name of Ordering Physician: _____.

Name of Clinic/Facility: _____.

Date of positive high-risk HPV test ____ / ____ / ____

FAX TO:

Dane County Cytology Center, Inc.

Fax Number: 608-255-2640

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