

CWP Test Ordering Guide – Women’s Health

Seven simple steps to ensure accurate ordering aligned with the appropriate test offering and collection device.

Get Started

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1. **The account name will automatically pre-populate**
 - The test offering will align with the practice specialty
 - Select the ordering provider
2. **Add the patient before proceeding**
 - Complete all required fields marked with an asterisk (*)

Client Site *

HealthTrack Womens' Health (HTWH)

Client Site Address

Ordering Provider *

TEST DOCTOR +

Contact *

Kaitlyn Cass

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Add Patient

Scan Driver License

after the beep press tab

Bill *

Insurance

First Name *

Dani

Last Name *

Doe

Date Of Birth *

08/13/1996

Gender at birth *

Female

Race

Select

Ethnicity

Select

Address *

Address Line 1

379 Perkinswood Blvd SE

City

Warren

State Zip Code Plus4 Code

OH 44483 6219

County Country

Trumbull US

CLEAR

Apt/Building/Suite

Mobile Phone *

(777) 777-7777

Primary Insurance *
UHC

Primary Relationship To Insured
 Self

SELF

Primary Insured First Name *
Dani

Primary Insured Last Name *
Doe

Primary Insured Dob *
08/13/1996

Primary Insured Gender
Female

Primary Insured Address
Address Line 1
379 Perkinswood Blvd SE
City
Warren

State: OH Zip Code: 44483 Plus4 Code: 6219
County: Trumbull Country: US

Primary Insurance Policy Number *
1313131313

Primary Insurance Group Number

Select a Test Menu

3. Choose the appropriate Syndromic Menu

65+ patient test offerings

- When a patient is added with a birthdate reflecting 65+, the appropriate test offerings will populate.

3 **Syndromic Menu Filter ***

Select

Respiratory

Genitourinary

Specialty

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Choose a Test Offering

4. Select the appropriate offering at the top of the screen

- Check the corresponding box to confirm selection

Each menu is paired with a color-coded collection device to simplify selection for staff:

- **WHT – White, Standard MTM**
- **GRN – Green**
- **YW – Yellow**
- **Gray – Urine Culture**

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The screenshot displays the test ordering interface. At the top, there are several tabs for different test categories: Urinary Tract Infection (WHT), Vaginitis (GRN) (which is selected and highlighted in blue), CGT (GRN/YW), CG (GRN/YW), and Genital Lesion (WHT). Below these tabs, there are more options: Pelvic Inflammatory Disease (WHT), Aerobic Vaginitis (WHT), and Urine Culture, Reflex to AST (GRAY). A search bar and buttons for 'Expand All' and 'Collapse All' are present. The main list shows several 'Vaginitis (GRN)' entries, with the first three checked. Below the list, there is a note: 'Based on your order, these are minimum samples to collect, please contact the lab for additional information.' At the bottom, there are buttons for 'Documents', 'Comments', 'CANCEL', and 'SAVE'.

Diagnosis Code Selection

- 5. A pop-up will display relevant ICD-10 codes. Select the diagnosis code(s) that are medically appropriate and align with the patient’s chart.**

5 Please input all appropriate ICD-10 code(s) for the ordered test. ×

The ordered test suggests one or more of the following ICD codes may be applicable.
If the applicable ICD code(s) is/are not listed, please input the appropriate code(s) in the space provided.

Relevant ICD Codes

- R30.0 (DYSURIA)
- N34.1 (NONSPECIFIC URETHRITIS)
- R82.9 (OTHER AND UNSPECIFIED ABNORMAL FINDINGS IN URINE)
- N34.2 (OTHER URETHRITIS)
- R30.9 (PAINFUL MICTURITION UNSPECIFIED)
- N39.0 (URINARY TRACT INFECTION SITE NOT SPECIFIED)

Non-Relevant ICD Codes

For codes not on the highlighted list, please list the appropriate ICD-10 code in the search bar below.

[Done](#)

Specimen Collection

6. Scan the barcode label and enter collection date and site
 - A visual of the collection device will automatically populate
 - Click save

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Based on your order, these are minimum samples to collect, please contact the lab for additional information.
 Additional collection

Sample Name 222222222	Collected <input checked="" type="checkbox"/>	Collection Date * Now 04/25/2026 00:00		
	<input checked="" type="checkbox"/>	Collection Device * Green Tube; Vaginal Swab	Collected by	
Swab site/ note			DUPLICATE	

Documents
Comments
CANCEL
SAVE

Final Step

7. Review and confirm all details and submit the order

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Confirmation ✕

Provider Name TEST DOCTOR	ICD Codes F11.29, R60.9, D23.5		
NPI 1000000000	Selection Tests		
Patient Name Dani Doe	Vaginitis (GRN) VP		
Date of Birth 08/13/1996			
Gender Female			
Bill Insurance			
Primary Insurance UHC			
Primary Relationship To Insured 1			
Primary Insured First Name Dani			
Primary Insured Last Name Doe			
Primary Insured Dob 1996-08-13			
Primary Insured Gender Female			
Primary Insured Address 379 Perkinswood Blvd SE, Warren, OH 44483-6219, Trumbull, US			
Primary Insurance Policy Number 131313131313			
Primary Insurance Group Number			
Secondary Insurance			
Secondary Relationship To Insured			

Samples	Collected	Collection Date	Collected By	Source
BD Vaginitis (GRN) Panel	✓	04/25/2026		Green Tube; Vaginal Swab

Cancel
Confirm