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Board of Pathology

### GI PATHOLOGY REQUISITION

Specimen Collection Date: \_\_\_\_\_

PATIENT INFORMATION			PHYSICIAN INFORMATION					
Patient Name (Last, First, MI)								
SSN	DOB	Sex M / F						
Address								
City	State	ZIP						
Patient Insurance Information - Please provide copy of insurance card (s)								
TEST REQUESTS			CLINICAL INFORMATION					
Primary Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Ins. <input type="checkbox"/> Patient <input type="checkbox"/> Client Bill			ICD - 9 CODES					
Company			<b>CLINICAL INDICATIONS</b> <input type="checkbox"/> Abdominal Cramping <input type="checkbox"/> Diverticulosis <input type="checkbox"/> Nausea <input type="checkbox"/> Anorexia <input type="checkbox"/> Diverticulitis <input type="checkbox"/> Screening Exam <input type="checkbox"/> Bleeding (Rectal) <input type="checkbox"/> Dyspepsia <input type="checkbox"/> Malabsorption <input type="checkbox"/> Bleeding (GI) <input type="checkbox"/> Dysphagia <input type="checkbox"/> Pain (Location) <input type="checkbox"/> Blood In Stool <input type="checkbox"/> Epigastric Pain <input type="checkbox"/> Change In Bowel Habits <input type="checkbox"/> Heartburn <input type="checkbox"/> Reflux <input type="checkbox"/> Coffee Ground Emesis <b>HISTORY OF CANCER</b> <input type="checkbox"/> Colitis Surveillance <input type="checkbox"/> Personal (type) <input type="checkbox"/> Vomiting <input type="checkbox"/> Constipation <input type="checkbox"/> Family (type) <input type="checkbox"/> Weight Loss <input type="checkbox"/> Diarrhea (Bloody)    _____ <input type="checkbox"/> Diarrhea (Watery)    _____					
Policy / ID Number								
Group Number								
Secondary Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Ins. <input type="checkbox"/> Patient <input type="checkbox"/> Client Bill								
Company								
Policy / ID Number								
Group Number								
<input type="checkbox"/> MMR Reflex to MSI <input type="checkbox"/> Rule Out Fungi <input type="checkbox"/> Rule Out Other <input type="checkbox"/> MMR Only <input type="checkbox"/> Rule Out <i>H. pylori</i> <input type="checkbox"/> MSI Only <input type="checkbox"/> Rule out I.B.D. <input type="checkbox"/> Rule Out Barrett's Esoph. <input type="checkbox"/> Rule out Lymphoma <input type="checkbox"/> Rule Out Cancer <input type="checkbox"/> Rule Out Microscopic Colitis <input type="checkbox"/> Rule Out Dysplasia <input type="checkbox"/> Rule Out Sprue								
TEST REQUESTS						CLINICAL HISTORY		
						<input type="checkbox"/> Reflux Esophagus <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Lymphoma (type) <input type="checkbox"/> Barrett's Esophagus <input type="checkbox"/> Crohn's <input type="checkbox"/> Gastritis <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Carcinoma (type) <input type="checkbox"/> <i>H. pylori</i> <input type="checkbox"/> Indeterminate <input type="checkbox"/> Reactive Gastropathy <input type="checkbox"/> History of Polyp <input type="checkbox"/> Malignant <input type="checkbox"/> Benign		

SPECIMEN SOURCE AND LOCATION																														
SPECIMEN SOURCE	TYPE	UPPER GI										LOWER GI										ENDOSCOPIC FINDINGS								
		BIOPSY	POLYP	RANDOM	ESOPHAGUS	UPPER ESOPHAGUS	MID ESOPHAGUS	LOWER ESOPHAGUS	E.G. JUNCTION	CARDIA	FUNDUS	BODY / CORPUS	ANTRUM / PYLORUS	STOMACH	DUODENUM (BULB)	DUODENUM	DUODENUM (DISTAL)	SMALL BOWEL	COLON	ILEUM	ILEO-CECAL VALVE		CECUM	ASCENDING	HEPATIC FLEXURE	TRANSVERSE	SPLENIC FLEXURE	DESCENDING	SIGMOID	RECTOSIGMOID
A _____ CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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C _____ CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
D _____ CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
E _____ CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
F _____ CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
G _____ CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
H _____ CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
I _____ CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
J _____ CM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ALL MEDICARE PATIENTS MUST COMPLETE THE FOLLOWING: Medicare will only pay for services determined to be "reasonable and necessary" under section 1662(a) of the Medicare law. If Medicare determines that a particular service is not reasonable and or necessary under Medicare program standards, Medicare will deny payment for that service.

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