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ACUPATH LABORATORIES, INC

"FOR THE ABSOLUTE HIGHEST STANDARD IN GASTROINTESTINAL PATHOLOGY" © 2021

GASTRO-2021

ANY OMISSION MAY RESULT IN DELAY OF REPORT

☐ TC ☐ GLOBAL

PHYSICIAN SIGNATURE _____

TEST REQUEST

Collection Date: _____ Time: _____ am/pm

- Histopathology, # of Specimen Bottles _____
- BE FISH Pan Only
- BE FISH Pan & Node
- COVID19 PCR Detection Test

ICD-10 CODES

- ☐ GERD K21.9
- ☐ Dysphagia R13.10
- ☐ Barretts K22.7
- ☐ Abd Pain R10.9
- ☐ N & V R11.2
- ☐ Change in Bowel R19.4
- ☐ Colitis K52.89
- ☐ Hx of Polyps Z86.010
- ☐ CRCS Z1211
- ☐ Esophagitis K20.9
- ☐ Gastroduodenitis K29.90
- ☐ Upper Polyp K31.7
- ☐ Ulcer K27.9
- ☐ Colon Polyp K63.5
- ☐ Diverticulosis K57.30
- ☐ Colitis K52
- ☐ _____
- ☐ _____
- ☐ _____

PATIENT INFORMATION RACE (optional)

SS# DATE OF BIRTH M ☐ F ☐

LAST NAME FIRST NAME M.I.

STREET ADDRESS

CITY STATE ZIP

TEL. # CHART # PATH #

PLEASE ATTACH COPIES OF FRONT AND BACK OF INSURANCE CARD OR FILL OUT INSURANCE SECTION BELOW

PATIENT'S PRIMARY INSURANCE

BILL TO: ☐ MEDICARE ☐ PATIENT ☐ OTHER ☐ NO FAULT ☐ WORKERS COMP

INSURED'S NAME_____ D.O.B.____/____/____

DATE OF ACCIDENT (IF NO FAULT/WORKERS COMP)____/____/____

PT RELATIONSHIP TO INSURED: SELF ☐ SPOUSE ☐ CHILD ☐ OTHER ☐

POLICY #_____ SS# _____

GROUP NAME/#_____

NAME OF INSURANCE CO._____

INSURANCE ADDRESS _____

CITY _____ STATE_____ ZIP_____

RULE OUT

1 Celiac
2 H pylori (SS)
3 Barretts (SS)
4 EOE
5 Candida (ss)
6 Esophagitis
7 Gastroduodenitis
8 Ulcer
9 Polyp
10 Microscopic Colitis
11 Colitis
12 Dysplasia Survey
13 Malignancy
14 Viral Inclusion
15 _____
16 _____

Specimen Source / Tissue Site **R/O #:**

A. _____ _____
B. _____ _____
C. _____ _____
D. _____ _____
E. _____ _____
F. _____ _____
G. _____ _____
H. _____ _____
I. _____ _____
J. _____ _____
K. _____ _____
L. _____ _____
M. _____ _____
N. _____ _____
O. _____ _____
P. _____ _____
Q. _____ _____
R. _____ _____

NOT FOR PATIENT USE

LABORATORY COPY

(De-identified patient data may be used for R&D purposes.)