

GI REQUISITION - 15

ANY OMISSION MAY RESULT IN DELAY OF REPORT

PATIENT INFORMATION RACE (optional)

											<input type="checkbox"/> M
											<input type="checkbox"/> F

SS# _____ DATE OF BIRTH _____

LAST NAME _____ FIRST NAME _____ M.I. _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEL. # _____ CHART # _____ PATH # _____

NO
TC GLOBAL
PHYSICIAN SIGNATURE _____
DUPLICATE REPORT TO: _____

- CHECK MARGINS ALL MD W/RESULTS
 STAT CONSULTATION
 OTHER _____

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

TEST REQUEST

Collection Date: _____ Time: _____ am/pm

- Histopathology, # of Specimen Bottles* _____
 *Includes IHC and Specimen Stains (billable) Determined by Pathologist
- Barrett's Esophagus FISH
 - Pan Only
 - Pan & Node (2 brushes and jars submitted)

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 _____

ICD 10 CODES / DIAGNOSIS / SYMPTOMS

- Abdominal Pain Nausea Ulcer
- GI bleeding Change in bowel habits Weight Loss
- Constipation Diarrhea GERD
- Gastritis Dysphagia Reflux
- Hiatal Hernia Loss of appetite Vomiting
- Anemia Hemorrhoids History of: _____

RULE OUT:

- Barrett's Esophagus (special stain)
- Helicobacter Pylori (special stain)
- Sprue
- Adenoma
- Malignancy
- Irritable Bowel Syndrome (IBS)
- Eosinophilic Esophagitis
- Duodenitis
- Ulcerative Colitis
- Anal Condyloma
- Other: _____
- Fungus/Candida (special stain)
- Gastritis
- Inflammatory Bowel Disease
- Microscopic Colitis (nl endo)
- Dysplasia/Colitis Surveillance
- Giardia
- Bile-induced Gastritis
- Celiac Disease
- Crohn's Disease
- Viral Inclusions

Specimen Source / Tissue Site

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

H. _____

I. _____

J. _____

K. _____

L. _____

M. _____

N. _____

O. _____

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

Place one label on each container (not on the lid) - Dispose of unused labels.

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