



GI & Liver Pathology Requisition

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 www.gopathlabs.com

PATIENT INFORMATION (Please print) ORDERING PHYSICIAN / LAB INFORMATION (Please print)

Name (Last, First) _____ Facility Name _____
 Address _____ Name (Last, First) _____
 City, State, Zip _____ Address _____
 Female Male Date of Birth (M/D/Y) _____ City, State, Zip _____
 SSN# (Optional) _____ Phone# _____ Fax# _____ E-Mail: _____
 Phone# _____ Ordering Physician _____ (M/D/Y) _____
 Diagnosis: _____ NPI#: _____ Treating Physician: _____
 Report Delivery: Fax E-Mail Mail Website Only

CODING INFORMATION COMMON ICD-10 CODES

Diagnosis Code/ICD-10 Code (Required): _____
 Abdominal Cramping: R10, Bleeding (rectal): K62.5, Bleeding (GI): K92.2, Other Fecal Abnormalities: R19.5, Change in Bowel Habits: R19.4, Diarrhea, Unspecified: R19.7, Polyp: K63.5, Family Hx of GI cancer: Z80.0, Heartburn: R12, Melena (aka blood in stool): K92.1, Hemorrhoids, unspecified: K64.9, Hx of GI Cancer: Z85.00, IBD w/o Diarrhea: K58.9

BILLING INFORMATION (Please provide copy of insurance card) SPECIMEN INFORMATION (Please provide copy of pathology report)

Primary Insurance: _____ Pathology Department: _____
 Bill: Insurance Medicare Medicaid Hospital Client Self Pay Phone#: _____ Fax#: _____
 Secondary Insurance: Yes No *If yes, please attach secondary insurance form* Specimen Block ID#: _____
 Secondary Insurance: _____ Collection Date (M/D/Y): _____
 Place of Service: Type: Slides Block Archived Specimen:
 21 - Inpatient Hospital 22 - Outpatient Hospital 24 - Ambulatory Surgery Ctr Body Site: _____ Primary Metastatic
 Tech-Only Global Client Bill

REQUESTS BIOPSY SITES AND CLINICAL FINDINGS

| REQUESTS | BIOPSY SITES AND CLINICAL FINDINGS | | | | | |
|--|--|----------|---|--|--|--|
| | Upper GI Tract - Number of Containers: _____ | | | Lower GI Tract - Number of Containers: _____ | | |
| | site | findings | site | findings | | |
| <input type="checkbox"/> Rule Out Adenoma | <input type="checkbox"/> Esophagus | cm | <input type="checkbox"/> Jejunum | cm | | |
| <input type="checkbox"/> Rule Out Barrett's Esophagus | <input type="checkbox"/> Proximal | cm | <input type="checkbox"/> Ileum | cm | | |
| <input type="checkbox"/> Rule Out Cancer | <input type="checkbox"/> Mid | cm | <input type="checkbox"/> Terminal Ileum | cm | | |
| <input type="checkbox"/> Rule Out Candida | <input type="checkbox"/> Distal | cm | <input type="checkbox"/> Colon (random) | cm | | |
| <input type="checkbox"/> Rule Out Crohn's | <input type="checkbox"/> GE Junction | cm | <input type="checkbox"/> Cecum | cm | | |
| <input type="checkbox"/> Rule Out Dysplasia | <input type="checkbox"/> Stomach | cm | <input type="checkbox"/> Ascending | cm | | |
| <input type="checkbox"/> Rule Out Eosinophilic Esophagitis | <input type="checkbox"/> Antrum | cm | <input type="checkbox"/> Hepatic Flex | cm | | |
| <input type="checkbox"/> Rule Out Fungi | <input type="checkbox"/> Body | cm | <input type="checkbox"/> Transverse | cm | | |
| <input type="checkbox"/> Rule Out H. Pylori | <input type="checkbox"/> Fundus | cm | <input type="checkbox"/> Mid-Trans | cm | | |
| <input type="checkbox"/> Rule Out Hepatitis | <input type="checkbox"/> Cardia | cm | <input type="checkbox"/> Splenic Flex | cm | | |
| <input type="checkbox"/> Rule Out IBD | <input type="checkbox"/> Pylorus | cm | <input type="checkbox"/> Descending | cm | | |
| <input type="checkbox"/> Rule Out Lymphoma | <input type="checkbox"/> Duodenum | cm | <input type="checkbox"/> Sigmoid | cm | | |
| <input type="checkbox"/> Rule Out Microscopic Colitis | <input type="checkbox"/> Mid | cm | <input type="checkbox"/> Rectum | cm | | |
| <input type="checkbox"/> Rule Out Proctitis | <input type="checkbox"/> Distal | cm | <input type="checkbox"/> Anus | cm | | |
| <input type="checkbox"/> Rule Out Sprue | <input type="checkbox"/> Proximal | cm | <input type="checkbox"/> Liver | | | |
| <input type="checkbox"/> Rule Out Steatohepatitis | | | | | | |
| <input type="checkbox"/> Other: _____ | | | | | | |

Key for findings: 1=normal 2=inflammation 3=ulcer 4=polyp 5=nodule 6=lesion 7=mass 8=other

MOLECULAR PATHOLOGY GI PATHOGEN PANEL - xTAG CLINICAL PATHOLOGY

| | | |
|---|---|---|
| <input type="checkbox"/> Colon Anti-EGFR Therapy <input type="checkbox"/> KRAS, BRAF, NRAS, PIK3CA <input type="checkbox"/> Lynch syndrome/HNPCC <input type="checkbox"/> MMR (MSH2, MSH6, MLH1 and PMS2) - IHC <input type="checkbox"/> MMR Reflex to MSI (PCR) <input type="checkbox"/> MethylTek™ Methylation (MLH1) <input type="checkbox"/> MSI Only <input type="checkbox"/> BRAF V600E reflex to MethylTek™ <input type="checkbox"/> Sequencing MLH1, PMS2, MSH2, MSH6 <input type="checkbox"/> Upper GI Adenocarcinoma <input type="checkbox"/> Her-2/Neu <input type="checkbox"/> GIST Mutations <input type="checkbox"/> C-kit (CD117) <input type="checkbox"/> PDGFR <input type="checkbox"/> BRAF | (Please check the panel or each individual test desired.) <input type="checkbox"/> xTAG - GI Pathogen Panel (GPP) <input type="checkbox"/> Adenovirus 40/41 <input type="checkbox"/> Rotavirus <input type="checkbox"/> Norovirus GI/GII <input type="checkbox"/> Clostridium difficile, Toxin A/B <input type="checkbox"/> Campylobacter <input type="checkbox"/> Escherichia coli 0157 <input type="checkbox"/> Enterotoxigenic E. Coli (ETEC/LT/ST) <input type="checkbox"/> Salmonella <input type="checkbox"/> Shiga-like Toxin producing E. Coli <input type="checkbox"/> Shigella <input type="checkbox"/> Vibrio cholera Cholera toxin gene (ctx) <input type="checkbox"/> Cryptosporidium <input type="checkbox"/> Entamoeba histolytica <input type="checkbox"/> Giardia lamblia | <input type="checkbox"/> H. Pylori <input type="checkbox"/> Celiac Disease Panel <input type="checkbox"/> Hepatitis B Panel <input type="checkbox"/> Hepatitis C Panel <input type="checkbox"/> CMV Panel <input type="checkbox"/> Herpes Virus Panel <input type="checkbox"/> CEA <input type="checkbox"/> AFP <input type="checkbox"/> CA19.9 <input type="checkbox"/> Crohn's Panel <input type="checkbox"/> C. Difficile Toxin <input type="checkbox"/> Culture <input type="checkbox"/> Other: _____ |
|---|---|---|

Special Instructions: Preparing Samples (Tissue)

FFPE tissue blocks preferred. Blanks at 4 µm for 10 slides or at 8 µm for 5 slides are acceptable when blocks cannot be provided. Specimen types include: endoscopic biopsies, excisional biopsies, core needle biopsies, surgical resections and cell blocks (pleural effusions, ascites). Use GoPath Labs kit for transport. Ship at room temperature. Include copy of this requisition.

A signature certifies that he/she is licensed to order the test(s) listed above and that tests ordered are necessary for the treatment of the above patient. **Authorized Signature** _____ **Date:** _____