GI & Liver Pathology Requisition

GOPATH LABORATORIES
Global Pathology Services
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Tel: 855.467.2849 Fax: 224.588.9941
www.gopathlabs.com

PATIENT INFORMATION (Please print)

Name (Last, First) ____________________
Address ____________________
City, State, Zip ____________________
Female ☐ Male ☐ Date of Birth (M/D/Y) ____________________
SSN# (Optional) ____________________
Phone# ____________________
Diagnosis: ____________________
____

ORDERING PHYSICIAN / LAB INFORMATION (Please print)

Facility Name ____________________
Name (Last, First) ____________________
Address ____________________
City, State, Zip ____________________
Phone# __________ Fax# __________ E-Mail: __________
Ordering Physician ____________________ (M/D/Y) __________
NPI#: __________ Treating Physician: __________
Report Delivery: Fax ☐ E-Mail ☐ Mail ☐ Website Only ☐

CODING INFORMATION

Diagnosis Code/ICD-10 Code (Required): ____________________

The physician is required to document all applicable ICD codes or descriptions for all tests ordered supporting medical necessity which shall be used in patient plan of care. Example: ICD-10: B96.81 (H. Pylori)

COMMON ICD-10 CODES

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)

Primary Insurance: ____________________
Bill: ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Hospital ☐ Client ☐ Self Pay
Secondary Insurance: ☐ Yes ☐ No *If yes, please attach secondary insurance form*
Secondary Insurance: ____________________
Place of Service:
☐ 21 - Inpatient Hospital ☐ 22 - Outpatient Hospital ☐ 24 - Ambulatory Surgery Ctr
☐ Tech-Only ☐ Global ☐ Client Bill

SPECIMEN INFORMATION (Please provide copy of pathology report)

Pathology Department: ____________________
Phone#: __________ Fax#: __________
Specimen Block ID/#: ____________________
Collection Date (M/D/Y): ____________________
Type: ☐ Slides ☐ Block Archived Specimen: ☐
Body Site: __________ Primary ☐ Metastatic ☐

REQUESTS

- ☐ Rule Out Adenoma
- ☐ Rule Out Barrett's Esophagus
- ☐ Rule Out Cancer
- ☐ Rule Out Candida
- ☐ Rule Out Crohn's
- ☐ Rule Out Dysplasia
- ☐ Rule Out Eosinophilic Esophagitis
- ☐ Rule Out Fungi
- ☐ Rule Out H. Pylori
- ☐ Rule Out Hepatitis
- ☐ Rule Out IBD
- ☐ Rule Out Lymphoma
- ☐ Rule Out Microscopic Colitis
- ☐ Rule Out Proctitis
- ☐ Rule Out Sprue
- ☐ Rule Out Steatohepatitis
- ☐ Other: ____________________

BIOPSY SITES AND CLINICAL FINDINGS

Upper GI Tract - Number of Containers: __________

	site	findings
☐ **Esophagus**	cm	
☐ Proximal	cm	
☐ Mid	cm	
☐ Distal	cm	
☐ **GE Junction**	cm	
☐ **Stomach**	cm	
☐ Antrum	cm	
☐ Body	cm	
☐ Fundus	cm	
☐ Cardia	cm	
☐ Pylorus	cm	
☐ **Duodenum**	cm	
☐ Mid	cm	
☐ Distal	cm	
☐ Proximal	cm	

Lower GI Tract - Number of Containers: __________

	site	findings
☐ **Jejunum**	cm	
☐ **Ileum**	cm	
☐ **Terminal Ileum**	cm	
☐ **Colon** (random)	cm	
☐ Cecum	cm	
☐ Ascending	cm	
☐ Hepatic Flex	cm	
☐ Transverse	cm	
☐ Mid-Trans	cm	
☐ Splenic Flex	cm	
☐ Descending	cm	
☐ Sigmoid	cm	
☐ **Rectum**	cm	
☐ **Anus**	cm	
☐ **Liver**		

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

MOLECULAR PATHOLOGY

☐ **Colon Anti-EGFR Therapy**
- ☐ KRAS, BRAF, NRAS, PIK3CA

☐ **Lynch syndrome/HNPCC**
- ☐ MMR (MSH2, MSH6, MLH1 and PMS2) - IHC
- ☐ MMR Reflex to MSI (PCR)
- ☐ MethylTek™ Methylation (MLH1)
- ☐ MSI Only
- ☐ BRAF V600E reflex to MethylTek™
- ☐ Sequencing MLH1, PMS2, MSH2, MSH6

☐ **Upper GI Adenocarcinoma**
- ☐ Her-2/Neu

☐ **GIST Mutations**
- ☐ C-kit (CD117) ☐ PDGFR ☐ BRAF

GI PATHOGEN PANEL - xTAG

(Please check the panel or each individual test desired.)

☐ **xTAG - GI Pathogen Panel (GPP)**

- ☐ Adenovirus 40/41
- ☐ Norovirus GI/GII
- ☐ Rotavirus
- ☐ Clostridium difficile, Toxin A/B
- ☐ Campylobacter
- ☐ Escherichia coli 0157
- ☐ Enterotoxigenic E. Coli (ETEC/LT/ST)
- ☐ Salmonella
- ☐ Shiga-like Toxin producing E. Coli
- ☐ Shigella
- ☐ Vibrio cholera Cholera toxin gene (ctx)
- ☐ Cryptosporidium
- ☐ Entamoeba histolytica
- ☐ Giardia lambia

CLINICAL PATHOLOGY

- ☐ H. Pylori
- ☐ Celiac Disease Panel
- ☐ Hepatitis B Panel
- ☐ Hepatitis C Panel
- ☐ CMV Panel
- ☐ Herpes Virus Panel
- ☐ CEA
- ☐ AFP
- ☐ CA19.9
- ☐ Crohn's Panel
- ☐ C. Difficile Toxin
- ☐ Culture
- ☐ 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:**

To view reports, please visit www.gopathlabs.com and click Online Reporting