avero DIAGNOSTICS
Pathology, Molecular Diagnostics, Research

Client Services: 1-877-232-9924

GASTROINTESTINAL PATHOLOGY REQUISITION

123456789

PATIENT INFORMATION

Patient Name (Last, First, MI) | Chart#

SSN | DOB | Sex M / F

Address

City | State | ZIP

PHYSICIAN INFORMATION

Patient Insurance Information - Please provide copy of insurance card(s)

Primary Insurance ☐ Medicare ☐ Ins. ☐ Patient ☐ Client Bill

Company

Policy / ID Number

Group Number

Secondary Insurance ☐ Medicare ☐ Ins.

Company

Policy / ID Number

Group Number

SPECIAL REQUESTS

- ☐ Rule Out Adenoma
- ☐ MMR Reflex to MSI
  - ☐ MMR Only
  - ☐ MSI Only
- ☐ Rule Out Barrett's Esoph.
- ☐ Rule Out Cancer
- ☐ Rule Out Dysplasia
- ☐ Rule Out Fungi
- ☐ Rule Out *H. pylori*
- ☐ Rule Out I.B.D.
- ☐ Rule Out Ischemia
- ☐ Rule Out Lymphoma
- ☐ Rule Out Microscopic Colitis
- ☐ Rule Out Parasite
- ☐ Rule Out Sprue
- ☐ Rule Out Other _____

Specimen Collection Date:_____Time: _____

ICD - 9 CODES

CLINICAL INFORMATION

CLINICAL INDICATIONS

- ☐ Abdominal Cramping
- ☐ Anorexia
- ☐ Bleeding (Rectal)
- ☐ Bleeding (GI)
- ☐ Blood In Stool
- ☐ Change In Bowel Habits
- ☐ Coffee Ground Emesis
- ☐ Colitis Surveillance
- ☐ Constipation
- ☐ Diarrhea (Bloody)
- ☐ Diarrhea (Watery)
- ☐ Diverticulosis
- ☐ Diverticulitis
- ☐ Dyspepsia
- ☐ Dysphagia
- ☐ Epigastric Pain
- ☐ Heartburn

HISTORY OF CANCER
- ☐ Personal (type) _____
- ☐ Family (type) _____

- ☐ Nausea
- ☐ Screening Exam
- ☐ Malabsorption
- ☐ Pain (Location) _____
- ☐ Reflux
- ☐ Vomiting
- ☐ Weight Loss
- ☐ Other _____

CLINICAL HISTORY

- ☐ Barrett's Esophagus
- ☐ Esophagitis
- ☐ Reflux Esophagitis
- ☐ Eosinophilic Esophagitis
- ☐ Gastritis
- ☐ *H. pylori*
- ☐ Reactive Gastropathy
- ☐ Inflammatory Bowel Disease
  - ☐ Crohn's
  - ☐ Ulcerative Colitis
  - ☐ Indeterminate
- ☐ Ischemia
- ☐ History of Polyp
  - ☐ Malignant
  - ☐ Benign
- ☐ Lymphoma (type) _____
- ☐ Carcinoma (type) _____

Endoscopic Codes

1 EROSION	5 NODULARITY	9 PSEUDOMEMBRANE	13 LESION
2 ERYTHEMA	6 NORMAL	10 STRICTURE	14 MICROSCOPIC COLITIS
3 GRANULARITY	7 POLYP	11 ULCER	15 OTHER
4 MASS	8 POLYPOSIS	12 BARRETT'S MUCOSA	

SPECIMEN SOURCE AND LOCATION

☐ Technical Only

SPECIMEN SOURCE	TYPE			UPPER GI											LOWER GI											ENDOSCOPIC FINDINGS (Reference Endoscopic Codes Above)
	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	RECTUM	
A _____ _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____
B _____ _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____
C _____ _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____
D _____ _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____
E _____ _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____
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H _____ _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____
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J _____ _____ CM	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	_____

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:_____

1. Complete the requisition with all requested information. 2. Clearly print the patient name on the label (do not write on the bar code) 3. Place one label on each specimen container(not the lid) 4. Please discard unused vials.

123456789 Patient Name	123456789 Patient Name	123456789 Patient Name	123456789 Patient Name	123456789 Patient Name
123456789 Patient Name	123456789 Patient Name	123456789 Patient Name	123456789 Patient Name	123456789 Patient Name
123456789 Patient Name	123456789 Patient Name	123456789 Patient Name	123456789 Patient Name	123456789 Patient Name

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