InterScience
Diagnostic Laboratories, Inc.
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Staten Island, NY 10314
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CLIA I.D. 33D1082465

GI PATHOLOGY Requisition
Histology-Cytology

GI- 001

ACCOUNT INFORMATION

Requesting Physician: ____________________

Referring Physician: ____________________

Referring Physician Fax #: ____________________

Patient Chart #: ____________

ICD-9 Code: ____________

PATIENT INFORMATION

Last Name	First Name	M.I.

Street Address	Apt. #

City	State	Zip Code

Phone	Sex	Patient Age	Date of Birth / /

Social Security #

BILLING INFORMATION

BILL:
- ☐ Insurance
- ☐ Medicare
- ☐ Patient
- ☐ Client
- ☐ Secondary Insurance Information Attached

INCLUDE:
- ☐ Copy of the front and back of the patient's insurance card

Name of Insured — Relationship to insured: ☐ Self ☐ Spouse ☐ Dependent

Company Name

Street Address

City	State	Zip Code

Employer Name

Member ID #	Group Contract #
Medicare/Medicaid #	Referral #

CLINICAL DATA Symptoms, Signs and History (Check all that apply)

- ☐ Anorexia
- ☐ Bleeding ____________
- ☐ Change in Bowel Habits
- ☐ Diarrhea (Bloody)
- ☐ Diarrhea (Watery)
- ☐ Dyspepsia
- ☐ Dysphagia
- ☐ Heartburn
- ☐ Hem. Positive Stool
- ☐ Iron Deficient Anemia
- ☐ Microscopic Colitis
- ☐ Nausea
- ☐ NSAID Usage
- ☐ Pain (Type) ____________
- ☐ Reflux
- ☐ Screening
- ☐ Weight Loss
- ☐ Family History of Cancer (Type) ____________
- ☐ Family History of H. Pylori
- ☐ Family History of Barrett's Esophagus
- ☐ Personal History of Barrett's Esophagus
- ☐ Personal History of Cancer (Type) ____________
- ☐ Personal History of Idiopathic Inflammatory Bowel Disease
- ☐ Personal History of Lymphoma
- ☐ Personal History of Polyps
- ☐ Other ____________

ANATOMIC SITE

***UPPER** GI Specimen*

#	From	Esophagus	EG Junction	Fundus	Body	Antrum	Duodenum (Bulb)	Duodenum/Small Bowel	Liver	Proximal	Distal	Other (Specify)	Endoscopic Findings *(See Codes below)*
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___

***LOWER** GI Specimen*

#	From	Ileum	Cecum	Ascending	Hepatic Flexure	Transverse	Splenic Flexure	Descending	Sigmoid	Rectum	Proximal	Mid	Distal	Other (Specify)	Endoscopic Findings *(See Codes below)*
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___
___	___ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐ ___	___ , ___

SPECIAL INDICATIONS (Check all that apply)

- ☐ Colitis Surveillance Colonoscopy
- ☐ Polyp/Neoplasm Surveillance Colonoscopy
- ☐ Rule Out Barrett's Esophagus
- ☐ Rule Out Cancer
- ☐ Rule Out Candida
- ☐ Rule Out Crohn's
- ☐ Rule Out Dysplasia
- ☐ Rule Out Fungi
- ☐ Rule Out (Other) ____________
- ☐ Rule Out Gastritis/H. Pylori
- ☐ Rule Out Idiopathic IBD
- ☐ Rule Out Microscopic Colitis
- ☐ Rule Out Parasites
- ☐ Rule Out Sprue
- ☐ Rule Out Viral Inclusions
- ☐ Rule Out Ulcerative Colitis

OTHER TESTS (Check all that apply)

BIOPSY DATA (A box *MUST* be checked in order to perform testing)

- ☐ Histology
- ☐ Consultation: On referred slides*
- ☐ Consultation: Referred material requiring slide prep*
- ☐ Cytology (Brushings)

☐ BreathTek® UBT (Instructions on back)
Age: ______ Ht (inches): ______
Wt: ______ Sex: ______

**Please send pathology reports with all consultations*

Collection Date ____/____/____ # of Jars ______

ENDOSCOPIC CODES Please write the applicable number(s) for each corresponding biopsy specimen in the Anatomic Site section above (do not circle code numbers).

1. Barrett's Mucosa
2. Erosion
3. Erythema
4. Granularity
5. Hiatal Hernia
6. Mass
7. Nodularity
8. Normal
9. Polyp
10. Polyposis
11. Pseudomembrane
12. Stricture
13. Ulcer
14. H. Pylori
15. Random bx
16. Other ____________

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InterScience Diagnostic Laboratories, Inc. B6 001	InterScience Diagnostic Laboratories, Inc. B7 001	InterScience Diagnostic Laboratories, Inc. B8 001	InterScience Diagnostic Laboratories, Inc. B9 001	InterScience Diagnostic Laboratories, Inc. B10 001	