

GI PATHOLOGY SERVICE REQUEST
Date of Procedure: _____ **Time:** _____ am / pm **Containers Qty:** _____ **Slides Qty:** _____

Patient's Information:	Medical Insurance
Name: _____	Insurance: _____ Contract: _____
Record No: _____	Group: _____ 2nd Insurance: _____
Date of Birth: _____	Contract: _____ Group: _____
Age: _____ Gender: _____	NOTIFICATION TO THE PATIENT: All samples sent to HRP Labs will be processed and diagnosed, and its outcome will be sent directly to the physician. If any deductible applies or if you don't have medical insurance, you will receive an invoice and will be liable for the payment. Toda muestra enviada a HRP Labs será procesada y diagnosticada y el resultado será enviado a su médico. En caso de que haya algún deducible o de usted no estar cubierto por un seguro médico, recibirá factura y será responsable del pago de la misma. Signature/Firma: _____ *Pathologists may order additional testing based on medical necessity.
Primary phone: _____	
Secondary Phone: _____	
Postal Address: _____	
E-mail: _____	
<input type="checkbox"/> Check if patient wants to receive bill for any deductibles via email.	

UPPER GI

- Clinical History:** **ICD-10** _____ **ICD-10** _____
- | | | |
|--|--|---|
| <input type="checkbox"/> Abdominal / Epigastric Pain | <input type="checkbox"/> Anemia | <input type="checkbox"/> Barrett's Surveillance |
| <input type="checkbox"/> Dyspepsia | <input type="checkbox"/> GERD (Reflux) | <input type="checkbox"/> H. pylori Follow up |
| <input type="checkbox"/> Heme Positive Stool | <input type="checkbox"/> Malabsorption | <input type="checkbox"/> Nausea / Vomiting |
| <input type="checkbox"/> Peptic Ulcer Follow-up | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Other: _____ |

Endoscopic Finding Codes	
1. Normal	10. Melanosis
2. Barrett's Mucosa	11. Nodularity
3. Diverticula	12. Plaque
4. Erosion	13. Polyp
5. Erythema	14. Polyposis
6. Granularity	15. Pseudomembrane/Exudate
7. Hiatal Hernia	16. Stricture
8. Inflammation	17. Ulcer
9. Mass	18. Other: _____

Specimen (Bottle #)	UPPER GI (one v per line)															Endoscopic Findings (See codes above)				
	Type				ESOPHAGUS					STOMACH				DUODENUM				Jejunum		
	Biopsy	Polypectomy	Random	Cytology	Upper Esophagus	Middle Esophagus	Lower Esophagus	E.G. Junction	Esophagus NOS	Cardia	Fundus	Body	Antrum/Pylorus	Stomach NOS	Duodenum (Bulb)		Duodenum (2 nd)		Duodenum (3 rd)	Duodenum (NOS)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Ancillary Tests

- Adenocarcinomas:**
- Her2 by IHC and FISH

Other Requests

RULE OUT

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Amyloid | <input type="checkbox"/> Celiac Sprue | <input type="checkbox"/> Lymphoma |
| <input type="checkbox"/> Barrett's Esophagus / Dysplasia | <input type="checkbox"/> Eosinophilic Esophagitis | <input type="checkbox"/> Carcinoma |
| <input type="checkbox"/> Virus | <input type="checkbox"/> Fungi | <input type="checkbox"/> Other: _____ |

When ordering tests, providers should only order tests that are medically necessary for the diagnosis or treatment of a patient, generally not for screening. Only a few screening tests are covered by most government and third party payors for certain conditions at specific intervals. When ordering tests that are subject to ABN guidelines, refer to the policies published by your Medicare Administrative Contractor (MAC), or CMS. If testing does not come under Medicare guidelines for payment a signed beneficiary notice must be included in advance.

Physician's

Physician's name: _____	Lic.: _____
NPI # _____	Physician's Signature: _____

Red fields and patient information must be completed to avoid delay in processing or sample rejection.

For Lower GI Specimen See Back Page →

LOWER GI

Clinical History: ICD-10 _____ ICD-10 _____

- Colon Cancer Sreening:

- Average Risk High Risk/High Risk indication: _____

- Surveillance for:

- Ulcerative Colitis Crohn's Polyp(s) Cancer-Type: _____

- Symptoms

Diarrhea: Acute Chronic Watery Bloody

Changes in Bowel Habits / Constipation

Heme-Positive Stool

Rectal Bleeding Other: _____

Endoscopic Finding Codes	
1. Normal	10. Melanosis
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5. Erythema	14. Polyposis
6. Granularity	15. Pseudomembrane/Exudate
7. Hiatal Hernia	16. Stricture
8. Inflammation	17. Ulcer
9. Mass	18. Other: _____

Specimen (Bottle # and Site)	Type		LOWER GI (one V per line)															Endoscopic Findings (See codes above)		
			ILEUM					COLON												
	Biopsy	Polypectomy	Random	Cytology	Ileum	Terminal Ileum	Ileo-Cecal Valve	Cecum	Ascending / Rt	Hepatic Flexure	Transverse	Splenic Flexure	Descending / Lt	Sigmoid	Rectum	Colon NOS	Proximal		Mid	Distal
1 _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2 _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3 _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4 _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5 _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6 _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7 _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8 _____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Ancillary Tests

Other Requests

Note: To exclude HNPCC/Lynch, HRP will perform MMR IHC on:
Colorectal carcinoma

RULE OUT

- | | | |
|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Amyloid | <input type="checkbox"/> Microscopic Colitis | <input type="checkbox"/> Virus |
| <input type="checkbox"/> Crohn's | <input type="checkbox"/> Mastocytic Enterocolitis | <input type="checkbox"/> Lymphoma |
| <input type="checkbox"/> Fungi | <input type="checkbox"/> Ulcerative Colitis | <input type="checkbox"/> Carcinoma |
| <input type="checkbox"/> Other: _____ | | |

Notes / Additional Data:

Physician's

Physician's name: _____ **Lic. No.** _____
NPI # _____

Physician's Signature: _____

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HRP Labs 300 Ave. Manuel Domenech, San Juan PR 00918 Tel. 787-765-7320 Fax 787-765-3230 www.hrplabs.com

This slip requisition is confidential and contains privileged information. Inappropriate disclosure is prohibited by law. If by accident you receive this request please contact us immediately at 300 Domenech Ave, San Juan Puerto Rico 00918. Telephone: (787) 765-7320 or fax (787) 281-5104. www.hrplabs.com

Red fields and patient information must be completed to avoid delay in processing or sample rejection.