OncoDiagnostic Laboratory, Inc.
Diagnostic Cytology, Histology, and Molecular Pathology
www.oncodiagnostic.com

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LAB COPY

GI SURGICAL PATHOLOGY/CYTOLOGY TEST REQUISITION

ACCOUNT INFORMATION

ACCOUNT NO. TELEPHONE NO.

ACCOUNT NAME AND ADDRESS

REQUESTING PHYSICIAN / REFERRING PHYSICIAN

PATIENT INFORMATION

PATIENT SOC. SEC. NO. Sex DATE OF BIRTH

PATIENT LAST NAME FIRST NAME M.I.

STREET ADDRESS

CITY STATE ZIP CODE

MEDICAL RECORD NO. PATIENT TELEPHONE NO.

BILLING INFORMATION

☐ BILL TO MEDICARE: ____________

☐ BILL TO MEDICAID: # ____________

EFFECTIVE DATE: ___/___/___ STATE: ________

☐ BILL TO MANAGED CARE PLAN
☐ BILL TO PATIENT (Address Given)
☐ BILL TO ACCOUNT

REFERRAL NO. ____________

INSURANCE MANAGED CARE PLAN

STREET ADDRESS

CITY STATE ZIP CODE

POLICY NO. GROUP NO.

IF GROUP, NAME OF EMPLOYER

INSURED OR RESPONSIBLE PARTY, IF OTHER THAN PATIENT

LAST NAME ____________ FIRST NAME ____________

INSURED SOCIAL SECURITY NUMBER ____________

PT RELATIONSHIP TO INSURED: ☐ SPOUSE ☐ CHILD ☐ OTHER

PLEASE ATTACH ADDITIONAL SECONDARY INSURANCE INFORMATION

PATIENT AUTHORIZATION

PATIENT AUTHORIZATION:
I authorize any holder of medical or other information about me to release to the Social Security adminsitration, its intermediates, Blue Shield, or other carriers any information needed for this or related claims. I permit a copy of this authorization to be used in place of the original; and request payment of medical insurance benefits.

PATIENT SIGNATURE DATE ___/___

DIAGNOSIS ICD-9 CODE: ODL PREVIOUS Bx? ☐ YES ☐ NO

DATE OF SPECIMEN COLLECTION: ___/___/___ LAB RECEIVED DATE: ___/___/___

SPECIMEN TYPE: ☐ BIOPSY ☐ BRUSHING ☐ WASHING OTHER:

PAST CLINICAL HISTORY

☐ IRON DEF. ANEMIA
☐ PERNICIOUS ANEMIA
☐ HIATAL HERNIA
☐ BARRETT'S ESOPHAGUS
☐ COLON POLYP
☐ GERD
☐ PEPTIC ULCER DISEASE
☐ SPRUE
☐ WHIPPLE'S DISEASE
☐ OTHER: ____________
☐ CROHN'S DISEASE
☐ CHRONIC ULCERATIVE COLITIS
☐ HIV
☐ CARCINOMA (SITE:__________)

CLINICAL SYMPTOM AND SIGN

SYSTEMIC: ☐ ANEMIA ☐ ANOREXIA ☐ WEIGHT LOSS

UPPER GI: ☐ DYSPHAGIA ☐ BLEEDING ☐ NAUSEA ☐ DYSPEPSIA ☐ HEARTBURN ☐ VOMITING ☐ REFLUX ☐ ABDOMINAL PAIN (SITE:________)

LOWER GI: ☐ OCCULT HEME + STOOL ☐ RECTAL BLEEDING ☐ TENESMUS ☐ WATERY DIARRHEA ☐ BLOODY DIARRHEA ☐ CONSTIPATION ☐ IRRG. BOWEL HABIT ☐ MUCUS IN STOOL ☐ OTHER ________

CURRENT MEDICATION AND PAST TREATMENT

☐ LAXATIVE ☐ ANTACID ☐ RADIATION
☐ ASA ☐ PROTON PUMP INHIBITOR ☐ ANTIBIOTIC(S) ____________
☐ H_2 BLOCKER ☐ CORTICOSTEROID ☐ SURGERY ____________
☐ NSAID ☐ CHEMOTHERAPY ☐ OTHER ____________

PRE-OP DIAGNOSIS

POST-OP DIAGNOSIS

ENDOSCOPIC FINDING CODE

1. NORMAL
2. EDEMA
3. BARRETT'S MUCOSA
4. GRANULAR
5. NODULAR
6. FRIABLE
7. ABN. VASCULAR PATTERN
8. HYPEREMIA
9. TELANGIECTATIC
10. PUNCTATE HEMORRHAGE
11. HEMORRHAGIC
12. EROSION
13. ULCER
14. STRICTURE
15. POLYP
16. POLYPOSIS
17. MASS
18. SUBMUCOSAL NODULE
19. PSEUDOMEMBRANE
20. OTHER ________

ESOPHAGUS BIOPSY DATA

SPECIMEN #	FROM	ANTERIOR	RIGHT LATERAL	POSTERIOR	LEFT LATERAL	UPPER	MIDDLE	DISTAL	E-G JUNCTION	ENDOSCOPIC FINDINGS (See code above)
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____

STOMACH/DUODENUM/JEJUNUM BIOPSY DATA

SPECIMEN #	FROM	CARDIA	FUNDUS/ BODY	ANTRAL-BODY TRANSITION	INCISURA	ANTRUM	DUODENUM (BULB)	DUODENUM (PROXIMAL)	DUODENUM (DISTAL)	JEJUNUM	ENDOSCOPIC FINDINGS (See code above)
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	☐	☐	____ , ____

LARGE BOWEL BIOPSY DATA

SPECIMEN #	FROM	T. ILEUM	CECUM	ASCENDING	TRANSVERSE	DESCENDING	SIGMOID	RECTUM	ENDOSCOPIC FINDINGS (See code above)
____	____ cm	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	____ , ____
____	____ cm	☐	☐	☐	☐	☐	☐	☐	____ , ____

SPECIAL STAINS FOR: ☐ H. PYLORI ☐ FUNGUS ☐ TB ☐ VIRUS ☐ AB-PAS ☐ OTHER: ____________

PROGNOSTIC MARKER ☐ DNA PLOIDY ☐ BCL-2 ☐ P53 ☐ KI-67 ☐ EGFR ☐ P27 ☐ TS ☐ hMLH-1 ☐ MSI-H (Microsatellite Fragment Instability) ☐ hMSH-2 OTHER: ____________

ORDER KITS? HOW MANY BIOPSY? ______ HOW MANY CYTOLOGY? ______