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PSP USE ONLY:

Gastrointestinal Pathology Request

PATIENT INFORMATION	Last	First	M
	SSN		
	Date of Birth	Sex (circle one) M F	
	Address		
	City, State ZIP		
	Phone		

PHYSICIAN INFORMATION	Date
	Office site
	Ordering physician
	Copies to
	Physician Signature

Label specimens with patient info and tissue type submitted and place in bio-bag

Bill Insurance Please attach photocopy of patient's Insurance card
 Self pay
 Client bill

Clinical History (Check All That Apply)

- | | | | |
|-----------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Change in Bowel Habits | <input type="checkbox"/> Dyspepsia | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Dysphagia | <input type="checkbox"/> Weight Loss |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Bloody | <input type="checkbox"/> Heart Burn | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Upper GI | <input type="checkbox"/> Watery | <input type="checkbox"/> Nausea / Vomiting | _____ |
| <input type="checkbox"/> Lower GI | <input type="checkbox"/> Chronic | <input type="checkbox"/> NSAID Use | _____ |

Endoscopic Findings (Use code numbers)

1. Normal
2. Barrett's Mucosa
3. Esophagitis
4. Hiatal Hernia
5. Gastritis
6. Erosions
7. Erythema
8. Granularity
9. Ulcer
10. Nodularity
11. Duodenitis
12. Villous Atrophy - Partial
13. Villous Atrophy - Complete
14. Stricture
15. Polyps
16. Polyposis
17. Ileitis
18. Colitis - Diffuse
19. Colitis - Focal
20. Mass
21. Other

UPPER GI SPECIMENS

#	From	Upper Esophagus	Mid Esophagus	Lower Esophagus	GE Junction	Fundus	Body	Antnum	Ranrom	Gastric	Duodenum	Bulb	Other	Endoscopic Findings (See Codes)	ICD-10
_____	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"/>	_____	_____
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LOWER GI SPECIMENS

#	From	Ileum	Cecum	Ascending	Hepatic Flexure	Transverse	Splenic Flexure	Descending	Sigmoid	Rectum	Right Colon	Left Colon	Random Colon	Other	Endoscopic Findings (See Codes)	ICD-10
_____	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"/>	_____	_____
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- Screening Colonoscopy
 Barrett's Surveillance
 Colitis Surveillance