INTEGRATED
PATHOLOGY

SCIENTIFIC DIAGNOSES AND LABORATORY SOLUTIONS

GASTROINTESTINAL AND LIVER BIOPSY PATHOLOGY REQUISITION

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CLIENT INFORMATION:

PATIENT INFORMATION

Patient Name: ______________________
(LAST, FIRST)
DOB: ______________ Age: _____ Gender: ☐ Male ☐ Female
Street Address: ______________________
City: ______________ State: ________ Zip Code: __________
Patient ID #: ______________ SSN#: ______________
Submitting Physician: ______________________
Patient Phone #: ____________ Referring Physician: ____________
Date of Collection: ______________ Time of Collection: ________

BILLING INFORMATION

Please provide the current ICD-10 code(s): ______________
Please complete billing information below or attach a separate sheet and a copy of insurance card with the necessary information:
Insurance Company | State | Name of Employer
____
Policy No. | Group No.
____
Insurance Company Street Address | City | State | Zip Code
____
Name of Insured (if other than patient): ______________
Patient's relationship to insured: ☐ Spouse ☐ Child ☐ Other, Explain
IP Pathologists may order additional testing based on medical necessity.

GASTROINTESTINAL CLINICAL DATA

Symptoms, Signs and History:

☐ Reflux
☐ Dyspepsia
☐ Weisht loss
☐ Hearburn
☐ Nausea
☐ Heme Positive Stool
☐ Anorexia
☐ Pain
☐ Bleeding
☐ Diarrhea
☐ NSAID use
☐ Other. __________
☐ Iron Deficient
☐ H/O Cancer
☐ H/O Lymphoma
☐ H/O H. pylori
☐ H/O Barrett's

Clinical Concerns

☐ R/O BE
☐ R/O Dysplasia
☐ R/O H. Pylori
☐ R/O Sprue
☐ R/O Lymphooma
☐ R/O Fungi
☐ R/O Amyloid
☐ R/O IBD
☐ R/O GIST
☐ R/O Cancer
☐ R/O Chrohn's Disease
☐ R/O Colitis
☐ R/O Ulcrative Colitis
☐ R/O Parasites
☐ R/O Other. __________

LIVER CLINICAL DATA

For liver biopsies, indicate medications, hormone use, liver function tests, and any other pertinent information:

GASTROINTESTINAL SPECIMEN

Specimen	From	Anatomical Site / Source	Endoscopic Findings	Special Instructions
A	cm			
B	cm			
C	cm			
D	cm			
E	cm			
F	cm			

LIVER BIOPSY SPECIMEN

Specimen	Anatomical Site / Source	Findings	Special Instructions
A			
B			
C			

IPS USE ONLY: Received Date & Time: Assigned Case #: