AURORA DIAGNOSTICS

Pathology Solutions

GASTROENTEROLOGY REQUISITION

GI00001

Accession - Lab Use Only

COLLECTION DATE:

☐ **STAT or RUSH**

PATIENT INFORMATION

LAST NAME | FIRST NAME | MI

DATE OF BIRTH (MM / DD / YYYY) | MRN # / PAT. CHART #

SOCIAL SECURITY NUMBER | SEX ☐ M ☐ F

STREET ADDRESS

CITY/STATE/ZIP

HOME PHONE NUMBER | WORK PHONE NUMBER

CLIENT INFORMATION

Referring Physician:_____

COPIES TO:

INSURANCE INFORMATION

☐ BILL TO INSURANCE: COPY ID CARD(S) FRONT & BACK OR COMPLETE BELOW

☐ BILL PATIENT ☐ BILL PHYSICIAN

PRIMARY INSURANCE

CITY/STATE/ZIP

POLICY # | GROUP #

MEDICARE NUMBER

GROUP EMPLOYER

NAME OF POLICY HOLDER

SECONDARY INSURANCE

CITY/STATE/ZIP

POLICY # | GROUP #

GROUP EMPLOYER

NAME OF POLICY HOLDER

CLINICAL INFORMATION (Copy of endoscopic findings may be attached)

☐ Abdominal Pain	☐ Chest Pain	☐ Constipation	☐ GI Bleeding	☐ Hx PUD
☐ Abnormal x-ray	☐ Cirrhosis	☐ Diarrhea	☐ Hematemesis	☐ Mass
☐ Anemia/Iron Def	☐ **Cancer Screening**	☐ Dyspepsia	☐ Heme + stool	☐ Melena
☐ Barrett's	☐ Celiac Disease	☐ Dysphagia	☐ Hx IBD	☐ Nausea /Vomiting
☐ BRBPR	☐ Change in bowel habits	☐ GERD	☐ Hx Polyps	☐ Nsaid Usage
				☐ Varices

Personal Hx of- ☐ Breast/Gyn Cancer ☐ Colon Cancer ☐ Other (list)_____

Family Hx of- ☐ Polyps ☐ Colon Cancer ☐ Other (list)

Endoscopic Findings:

Comments:

☐ R/O Barrett's	☐ R/O Eosinophilic Esophagitis	☐ R/O Malignancy	☐ Other (list)
☐ R/O Celiac Disease	☐ R/O H. Pylori	☐ R/O Microscopic Colitis	
☐ R/O Dysplasia	☐ R/O Inflammatory Bowel Disease	☐ R/O Polyp	

SPECIMEN SUBMITTED

	Biopsy Site(s):	ICD Code(s)
1		
2		
3		
4		
5		
6		
7		
8		

Physician's Signature (required):_____ **Date:**_____

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AURORA DIAGNOSTICS Pathology Solutions GI00001-1

1 Patient Name:_____ Site 1:_____

AURORA DIAGNOSTICS Pathology Solutions GI00001-2

2 Patient Name:_____ Site 2:_____

AURORA DIAGNOSTICS Pathology Solutions GI00001-3

3 Patient Name:_____ Site 3:_____

AURORA DIAGNOSTICS Pathology Solutions GI00001-4

4 Patient Name:_____ Site 4:_____

AURORA DIAGNOSTICS Pathology Solutions GI00001-5

5 Patient Name:_____ Site 5:_____

AURORA DIAGNOSTICS Pathology Solutions GI00001-6

6 Patient Name:_____ Site F:_____

AURORA DIAGNOSTICS Pathology Solutions GI00001-7

7 Patient Name:_____ Site 7:_____

AURORA DIAGNOSTICS Pathology Solutions GI00001-8

8 Patient Name:_____ Site 8:_____