

CLIENT INFORMATION PLEASE CHECK REQUESTING PHYSICIAN

CHECK ONE: TC ONLY GLOBAL CONSULTATION

PATIENT INFORMATION (Green highlighted sections are required information)

Please attach patient face sheet and front and back of primary and secondary insurance card: See Attached

Name (Last, First): _____
 Date of Birth: ___/___/___ Sex: M F SS# _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone #: _____ Work Phone #: _____
 Medical Record #: _____

I hereby authorize the release to EmeritusDX of any medical and insurance information necessary to process claims for services provided by EmeritusDX. I hereby authorize EmeritusDX to pursue all necessary appeals of full or partial denials of payment in relation to services provided by EmeritusDX.

Patient Signature: _____

CLINICAL INFORMATION

COLLECTION DATE: ___/___/___

Clinical History: _____

BILLING INFORMATION

Primary: Medicare Medicaid Insurance Patient Client

Insurance: _____ Policy #: _____ Group #: _____

Ins. Address: _____ City: _____ State: _____ Zip: _____

Policy Holder: Self Spouse Child Other

Secondary: Medicare Medicaid Insurance Patient Client

Insurance: _____ Policy #: _____ Group #: _____

Ins. Address: _____ City: _____ State: _____ Zip: _____

ICD-10 CODES Physician is required to submit ICD-10 diagnosis supported in patient's medical record as documentation of medical necessity.

- | | | |
|---|---|---|
| <input type="checkbox"/> D12.2 Benign neoplasm, ascending colon | <input type="checkbox"/> K31.7 Polyp of stomach and duodenum | <input type="checkbox"/> K29.70 Gastritis, unspecified, without bleeding |
| <input type="checkbox"/> D12.3 Benign neoplasm, transverse colon | <input type="checkbox"/> K44.9 Diaphragmatic hernia w/out obstruction/gangrene | <input type="checkbox"/> Z12.11 Encounter for screening for malignant neoplasm of colon |
| <input type="checkbox"/> D12.5 Benign neoplasm, sigmoid colon | <input type="checkbox"/> K52.9 Noninfective gastroenteritis and colitis, unspecified | |
| <input type="checkbox"/> D12.8 Benign neoplasm, rectum | <input type="checkbox"/> K57.30 Diverticulosis of large intestine w/out perforation or abscess w/out bleeding | |
| <input type="checkbox"/> K21.00 Gastro-esophageal reflux disease w/ esophagitis, without bleeding | <input type="checkbox"/> K63.5 Polyp of colon | |
| <input type="checkbox"/> D12.2 Benign neoplasm, ascending colon | <input type="checkbox"/> K64.0 First degree hemorrhoids | |
| <input type="checkbox"/> D12.3 Benign neoplasm, transverse colon | <input type="checkbox"/> K64.8 Other hemorrhoids | |
| <input type="checkbox"/> D12.5 Benign neoplasm, sigmoid colon | <input type="checkbox"/> R10.13 Epigastric pain | |
| <input type="checkbox"/> D12.8 Benign neoplasm, rectum | <input type="checkbox"/> R12 Heartburn | |
| <input type="checkbox"/> K21.00 Gastro-esophageal reflux disease esophagitis, without bleeding | <input type="checkbox"/> R19.4 Change in bowel habit | |
| | <input type="checkbox"/> R19.8 Other specified symptoms involving the digestive system and abdomen | |

BARRETT'S ESOPHAGUS (BE) FISH TESTING

Specimen Sites:

- EG Junction All Esophageal BXs
 Specific Site(s) /specify by specimen label): _____

Tissue (if columnar mucosa present):

- BE FISH Tissue Comprehensive BE FISH Tissue (BE FISH plus IHC stains: Ki-67, p53)

Cytology:

- BE FISH Cytology Comprehensive BE FISH Cytology (BE FISH plus special stains: Feulgen & Alcian Blue; plus IHC stains: Ki-67, p53, AMACR)

MOLECULAR

- KRAS _____Tumor Block _____Unstained Slides
 BRAF _____Tumor Block _____Unstained Slides
 GI DETECT™ _____Stool Swab

IHC

- MMR Panel: (MLH1, MSH2, MSH6 & PMS2) Ki-67
 PDL-1 P53
 Desmin

BIOPSY DATA

UPPER GI

SPECIMEN TYPE:						SPECIMEN LOCATION:											RULE OUT		
Specimen Label	Polyp Biopsy	Polyp-ectomy	Random Biopsy	Cytology/Brushing		ESOPHAGUS		STOMACH				SMALL INTESTINE					Site - Other		
						Esophagus	EG Junction	Stomach	Cardia	Fundus	Body	Antrum	Pylorus	Small Intestine	Duodenum	Duodenum Bulb			
___	<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"/>	_____	_____
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LOWER GI

SPECIMEN TYPE:						SPECIMEN LOCATION:											RULE OUT				
Specimen Label	Polyp Biopsy	Polyp-ectomy	Random Biopsy	Cytology/Brushing		COLON											Site - Other				
						Ileum	Ileocecal Vavle	Colon	Cecum	Ascending	Hepatic Flexure	Trans-verse	Splenic Flexure	Descending	Sigmoid	Recto-Sigmoid			Rectum	Anus	
___	<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"/>	_____	_____
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By submission of this requisition and accompanying sample(s), I authorize and direct you to perform the testing indicated above, (I) certify that the ordered tests are reasonable and medically necessary by the diagnosis or treatment of this patient's condition. (I) certify that, to the extent required by the laws of the state in which I provide healthcare services, I have obtained this patient's informed consent to undergo any testing requested hereby, and to have the results reported to me and (I) agree to provide you a copy of this persons signed and dated consent form per your request.

Physician/Authorized Signature _____

Date ___/___/___

Signature required on this order or in the patient's medical record

Please Discard Extra Labels

- 1-Complete all required information on requisition. 2-Use appropriate number of labels provided. 3-Place 1 label on each specimen container (not on lid).

Esophagus Location _____ Pt. Name _____ Vial # _____	Stomach Location _____ Pt. Name _____ Vial # _____	Colon Location _____ Pt. Name _____ Vial # _____	Colon Location _____ Pt. Name _____ Vial # _____
Esophagus Location _____ Pt. Name _____ Vial # _____	Stomach Location _____ Pt. Name _____ Vial # _____	Colon Location _____ Pt. Name _____ Vial # _____	Colon Location _____ Pt. Name _____ Vial # _____
Cytology Brushing, Nodule Location _____ Pt. Name _____ Vial # _____	Duodenum Location _____ Pt. Name _____ Vial # _____	Colon Location _____ Pt. Name _____ Vial # _____	Colon Location _____ Pt. Name _____ Vial # _____
Cytology Brushing, Pan Area Location _____ Pt. Name _____ Vial # _____	Small Intestine Location _____ Pt. Name _____ Vial # _____	Other Location _____ Pt. Name _____ Vial # _____	Other Location _____ Pt. Name _____ Vial # _____

GI DETECT™ PATHOGENS

- Adenovirus F40/41
- Astrovirus
- Norovirus G1
- Norovirus G2
- Rotavirus A
- Saprovirus 1 and 2
- Saprovirus 1, 4 and 5
- Campylobacter Pool (jejuni, upsaliensis, coli)
- Clostridium difficile (toxin A or B)
- Plesiomonas shigelloides
- Salmonella
- Yersinia enterocolitica
- Helicobacter pylori
- Helicobacter Pylori (Virulence factor VacA)
- Enteroggregative E.coli (EAEC)
- Enteropathogenic E.coli (EPEC)
- Enterotoxigenic E.coli (ETEC)
- Shiga like toxin producing Ecoli (STEC) stx1 or stx2
- Shigella / Enteroinvasive E. coli (EIEC)
- E. coli O157
- Cryptosporidium
- Entamoeba histolytica
- Giardia lamblia
- Helicobacter pylori (Virulence Factor cagA)
- Helicobacter pylori (Virulence Factor babA)

MMR PANEL

- MLH1, MSH2, MSH6 & PMS2

BE FISH COMP PANEL - TISSUE

- BE FISH plus IHC stains; Ki-67, p53

BE FISH COMP PANEL - CYTOLOGY

- BE FISH plus special stains; Feulgen & Alcian Blue; plus IHC stains: Ki-67, p53, AMACR