Emeritus MEDICAL TECHNOLOGY

☐ **EMERITUSDX**
12 SPECTRUM POINTE DRIVE | LAKE FOREST, CA 92630

☐ **FREEDOM PATHOLOGY PARTNERS**
524 EAST ELM STREET | CONSHOHOCKEN, PA 19428

800-959-2846 | Fax: 949-418-7287

Lab Use Only

GASTROENTEROLOGY

CLIENT INFORMATION *PLEASE CHECK REQUESTING PHYSICIAN*

CHECK ONE: ☐ TC ONLY ☐ GLOBAL ☐ CONSULTATION

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: ______________________________

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 #: ______________________________

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: ______

CLINICAL INFORMATION

COLLECTION DATE: ______/_______/______

Clinical History: ______________________________

____

ICD-10 CODES

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

☐ A54.89 Other specified gonococcal infections
☐ D12.2 Benign neoplasm, ascending colon
☐ D12.3 Benign neoplasm, transverse colon
☐ D12.5 Benign neoplasm, sigmoid colon
☐ D12.8 Benign neoplasm, rectum
☐ K21.00 Gastro-esophageal reflux disease w/ esophagitis, without bleeding
☐ K29.70 Gastritis, unspecified, without bleeding
☐ K31.7 Polyp of stomach and duodenum
☐ K44.9 Diaphragmatic hernia w/out obstruction/gangrene
☐ K52.9 Noninfective gastroenteritis and colitis, unspecified
☐ K57.30 Diverticulosis of large intestine w/out perforation or abscess w/out bleeding
☐ K63.5 Polyp of colon
☐ K64.0 First degree hemorrhoids
☐ K64.8 Other hemorrhoids
☐ R10.13 Epigastric pain
☐ R10.9 Abdominal pain, unspecified
☐ R11.1 Vomiting
☐ R11.10 Nausea, unspecified
☐ R11.11 Nausea with vomiting
☐ R11.13 Vomiting, with nausea, due to other specified causes
☐ R11.2 Intractable nausea and vomiting
☐ R12 Heartburn
☐ R19.4 Change in bowel habit
☐ R19.8 Other specified symptoms involving the digestive system and abdomen
☐ Z11.0 Encounter for screening for infectious and parasitic diseases
☐ Z11.2 Encounter for screening for intestinal infectious diseases
☐ Z12.11 Encounter for screening for malignant neoplasm of colon
☐ Z13.0 Encounter for screening for diseases of the digestive system
☐ Z20.828 Contact with and (suspected) exposure to other viral communicable diseases
☐ Other ______________________________

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: ERBB2 (17q12), MYC (8q24), ZNF217 (20q13) and p16 (9p21); plus IHC Stains: Ki-67, p53,NTRK, TERT, MET, PTEN, AMACR

Cytology:
☐ BE FISH Cytology ☐ Comprehensive BE FISH Cytology - BE FISH plus special stains; Cytology; Feulgen & Alcian Blue; pH 2.5; plus IHC stains: Ki-67, p53, AMACR

MOLECULAR

☐ KRAS therascreen®, FDA Approved ____Tumor Block ____Unstained Slides
☐ BRAF therascreen®, FDA Approved ____Tumor Block ____Unstained Slides
☐ GI DETECT™ ____Stool Swab

IHC

☐ ALK ☐ Ki-67 ☐ RET
☐ AMACR ☐ NTRK ☐ ROS
☐ Desmin ☐ P53 ☐ **MMR Panel:** (MLH1, MSH2, MSH6 & PMS2)
☐ Her2 ☐ PDL-1

BIOPSY DATA

UPPER GI

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

SPECIMEN TYPE: Specimen Label	Biopsy	Polyp Biopsy	Polyp-ectomy	Random Biopsy	Cytology/ Brushing	SPECIMEN LOCATION: ILEUM: Ileum	Ileocecal Vavle	COLON: Colon	Cecum	Ascending	Hepatic Flexure	Trans-verse	Splenic Flexure	Descending	Sigmoid	Recto-Sigmoid	Rectum	Anus	Site - Other	RULE OUT
___	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	______	______
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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)
- Enteroaggregative E.coli (EAEC)
- Enteropathogenic E.coli (EPEC)
- Enterotoxigenic E.coli (ETEC)
- Shiga like toxin producing Ecoli (STEC) stx1 or sxt2
- 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: ERBB2 (17q12), MYC (8q24), ZNF217 (20q13) and p16 (9p21); plus IHC Stains: Ki-67, p53, NTRK, TERT, MET, PTEN, AMACR

BE FISH COMP PANEL - CYTOLOGY

- BE FISH plus special stains; Cytology; Feulgen & Alcian Blue; pH 2.5; plus IHC stains: Ki-67, p53, AMACR