

REQUIRED ITEMS

1. Clinical Information
2. ICD 10 Codes
3. Face Sheet (Front and Back Copy of the Patient's Insurance Card and Demographic Information)
4. Provider's Signature

PATIENT INFORMATION

Last Name _____

First Name _____ M.I. _____

DOB ____/____/____ Gender: Male Female Other _____

Address _____

City _____ State _____ Zip _____

Phone _____ Patient ID _____

PROVIDER INFORMATION

Authorized Signature _____ Date _____

Please Fax Duplicate Report to Provider _____ Fax _____

BILLING INFORMATION

Bill to: Insurance Medicare Referring Facility (Hospital/Client) Split Billing - Client (TC) and Insurance (PC) Patient

Patient Status: Inpatient (Hospital) Outpatient (Hospital) Non-Hospital ASC Prior Authorization # _____

CLINICAL INFORMATION

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Familial Polyposis	<input type="checkbox"/> Heme-Positive Stool	<input type="checkbox"/> Peptic Ulcer Follow-Up
<input type="checkbox"/> Abnormal GI Study	<input type="checkbox"/> Colon Screening	<input type="checkbox"/> Family Hx GI Cancer	<input type="checkbox"/> Hx GI Malignancy	<input type="checkbox"/> Polyps
<input type="checkbox"/> Amyloid	<input type="checkbox"/> Crohn's	<input type="checkbox"/> Fungi	<input type="checkbox"/> IBS With Diarrhea	<input type="checkbox"/> Rectal Bleeding
<input type="checkbox"/> Anemia	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Gas Pain	<input type="checkbox"/> IBS Without Diarrhea	<input type="checkbox"/> Ulcerative Colitis
<input type="checkbox"/> Barrett's Esophagus/Dysplasia	<input type="checkbox"/> Dyspepsia	<input type="checkbox"/> Gas/Distension	<input type="checkbox"/> Lymphoma	<input type="checkbox"/> Virus
<input type="checkbox"/> Barrett's Surveillance	<input type="checkbox"/> Dysphagia	<input type="checkbox"/> GERD	<input type="checkbox"/> Malabsorption	<input type="checkbox"/> Weight Loss
<input type="checkbox"/> Carcinoma	<input type="checkbox"/> Early Satiety	<input type="checkbox"/> GI Hemorrhage	<input type="checkbox"/> Mastocytic Enterocolitis	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Celiac Sprue	<input type="checkbox"/> Eosinophilic Esophagitis	<input type="checkbox"/> H. Pylori	<input type="checkbox"/> Microscopic Colitis	
<input type="checkbox"/> Change in Bowel Habits	<input type="checkbox"/> Esophagus Varices	<input type="checkbox"/> Hematochezia/Melena	<input type="checkbox"/> Nausea/Vomiting	

SPECIMEN COLLECTION

Date Collected ____/____/____

Time Collected _____:

AM PM

Specimen ID _____

BIOPSY SPECIMENS (FOR MORE TESTING INFORMATION, VISIT COREPATH.US)

Specimen	Type	Esophagus	Stomach/Duodenum	Intestines/Anus	Endoscopic Finding Code	Endoscopic Finding Codes
1	<input type="checkbox"/> Biopsy <input type="checkbox"/> Mass <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random	<input type="checkbox"/> GE Junction <input type="checkbox"/> _____ cm	<input type="checkbox"/> Cardia <input type="checkbox"/> Antrum <input type="checkbox"/> Fundus/Body <input type="checkbox"/> Duodenum	<input type="checkbox"/> Jejunum <input type="checkbox"/> Ascending <input type="checkbox"/> Ilium <input type="checkbox"/> Transverse <input type="checkbox"/> Cecum <input type="checkbox"/> Descending	<input type="checkbox"/> Sigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Anus	1. Barrett's Mucosa 2. Candida 3. Colitis 4. Crohn's 5. Diverticula 6. Eosinophilic Esophagitis 7. Erosion 8. Erythema 9. Esophagitis 10. Gastritis 11. Granularity 12. H. Pylori 13. Hemorrhoids 14. Hiatal Hernia 15. Inflammation 16. Intestinal Metaplasia 17. Mass 18. Melanosis 19. Nodularity 20. Normal 21. Plaque 22. Polyp 23. Polyposis 24. Pseudomembrane/Exudate 25. Reflux 26. Sprue 27. Stricture 28. Ulcer 29. Ulcerative Colitis 30. Other _____
2	<input type="checkbox"/> Biopsy <input type="checkbox"/> Mass <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random	<input type="checkbox"/> GE Junction <input type="checkbox"/> _____ cm	<input type="checkbox"/> Cardia <input type="checkbox"/> Antrum <input type="checkbox"/> Fundus/Body <input type="checkbox"/> Duodenum	<input type="checkbox"/> Jejunum <input type="checkbox"/> Ascending <input type="checkbox"/> Ilium <input type="checkbox"/> Transverse <input type="checkbox"/> Cecum <input type="checkbox"/> Descending	<input type="checkbox"/> Sigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Anus	
3	<input type="checkbox"/> Biopsy <input type="checkbox"/> Mass <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random	<input type="checkbox"/> GE Junction <input type="checkbox"/> _____ cm	<input type="checkbox"/> Cardia <input type="checkbox"/> Antrum <input type="checkbox"/> Fundus/Body <input type="checkbox"/> Duodenum	<input type="checkbox"/> Jejunum <input type="checkbox"/> Ascending <input type="checkbox"/> Ilium <input type="checkbox"/> Transverse <input type="checkbox"/> Cecum <input type="checkbox"/> Descending	<input type="checkbox"/> Sigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Anus	
4	<input type="checkbox"/> Biopsy <input type="checkbox"/> Mass <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random	<input type="checkbox"/> GE Junction <input type="checkbox"/> _____ cm	<input type="checkbox"/> Cardia <input type="checkbox"/> Antrum <input type="checkbox"/> Fundus/Body <input type="checkbox"/> Duodenum	<input type="checkbox"/> Jejunum <input type="checkbox"/> Ascending <input type="checkbox"/> Ilium <input type="checkbox"/> Transverse <input type="checkbox"/> Cecum <input type="checkbox"/> Descending	<input type="checkbox"/> Sigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Anus	
5	<input type="checkbox"/> Biopsy <input type="checkbox"/> Mass <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random	<input type="checkbox"/> GE Junction <input type="checkbox"/> _____ cm	<input type="checkbox"/> Cardia <input type="checkbox"/> Antrum <input type="checkbox"/> Fundus/Body <input type="checkbox"/> Duodenum	<input type="checkbox"/> Jejunum <input type="checkbox"/> Ascending <input type="checkbox"/> Ilium <input type="checkbox"/> Transverse <input type="checkbox"/> Cecum <input type="checkbox"/> Descending	<input type="checkbox"/> Sigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Anus	
6	<input type="checkbox"/> Biopsy <input type="checkbox"/> Mass <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random	<input type="checkbox"/> GE Junction <input type="checkbox"/> _____ cm	<input type="checkbox"/> Cardia <input type="checkbox"/> Antrum <input type="checkbox"/> Fundus/Body <input type="checkbox"/> Duodenum	<input type="checkbox"/> Jejunum <input type="checkbox"/> Ascending <input type="checkbox"/> Ilium <input type="checkbox"/> Transverse <input type="checkbox"/> Cecum <input type="checkbox"/> Descending	<input type="checkbox"/> Sigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Anus	
7	<input type="checkbox"/> Biopsy <input type="checkbox"/> Mass <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random	<input type="checkbox"/> GE Junction <input type="checkbox"/> _____ cm	<input type="checkbox"/> Cardia <input type="checkbox"/> Antrum <input type="checkbox"/> Fundus/Body <input type="checkbox"/> Duodenum	<input type="checkbox"/> Jejunum <input type="checkbox"/> Ascending <input type="checkbox"/> Ilium <input type="checkbox"/> Transverse <input type="checkbox"/> Cecum <input type="checkbox"/> Descending	<input type="checkbox"/> Sigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Anus	
8	<input type="checkbox"/> Biopsy <input type="checkbox"/> Mass <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random	<input type="checkbox"/> GE Junction <input type="checkbox"/> _____ cm	<input type="checkbox"/> Cardia <input type="checkbox"/> Antrum <input type="checkbox"/> Fundus/Body <input type="checkbox"/> Duodenum	<input type="checkbox"/> Jejunum <input type="checkbox"/> Ascending <input type="checkbox"/> Ilium <input type="checkbox"/> Transverse <input type="checkbox"/> Cecum <input type="checkbox"/> Descending	<input type="checkbox"/> Sigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Anus	
9	<input type="checkbox"/> Biopsy <input type="checkbox"/> Mass <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random	<input type="checkbox"/> GE Junction <input type="checkbox"/> _____ cm	<input type="checkbox"/> Cardia <input type="checkbox"/> Antrum <input type="checkbox"/> Fundus/Body <input type="checkbox"/> Duodenum	<input type="checkbox"/> Jejunum <input type="checkbox"/> Ascending <input type="checkbox"/> Ilium <input type="checkbox"/> Transverse <input type="checkbox"/> Cecum <input type="checkbox"/> Descending	<input type="checkbox"/> Sigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Anus	
10	<input type="checkbox"/> Biopsy <input type="checkbox"/> Mass <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random	<input type="checkbox"/> GE Junction <input type="checkbox"/> _____ cm	<input type="checkbox"/> Cardia <input type="checkbox"/> Antrum <input type="checkbox"/> Fundus/Body <input type="checkbox"/> Duodenum	<input type="checkbox"/> Jejunum <input type="checkbox"/> Ascending <input type="checkbox"/> Ilium <input type="checkbox"/> Transverse <input type="checkbox"/> Cecum <input type="checkbox"/> Descending	<input type="checkbox"/> Sigmoid <input type="checkbox"/> Rectum <input type="checkbox"/> Anus	

ADDITIONAL SPECIMENS

LABORATORY USE ONLY

USE CODES ON THE FRONT OF THE REQUISITION FORM
UPPER GI: ABDOMINAL/EPIGASTRIC PAIN

R10.9 Unspecified abdominal pain
R10.0 Acute abdomen
R10.10 Upper abdominal pain, unspecified
R10.11 Right upper quadrant pain
R10.12 Left upper quadrant pain
R10.13 Epigastric pain
R10.2 Pelvic and perineal pain
R10.30 Lower abdominal pain, unspecified
R10.31 Right lower quadrant pain
R10.32 Left lower quadrant pain
R10.33 Periumbilical pain
R10.84 Generalized abdominal pain

UPPER GI: ANEMIA

D64.9 Anemia, unspecified
D64.81 Anemia due to antineoplastic chemotherapy
D64.89 Other specified anemias

UPPER GI: BARRETT'S SURVEILLANCE

K22.70 Barrett's esophagus without dysplasia
K22.710 Barrett's esophagus with low grade dysplasia
K22.711 Barrett's esophagus with high grade dysplasia
K22.719 Barrett's esophagus with dysplasia, unspecified

UPPER GI: DYSPEPSIA

R10.13 Epigastric pain (dyspepsia)
K30 Functional dyspepsia
K31.0 Acute dilatation of stomach
K31.1 Adult hypertrophic pyloric stenosis
K31.2 Hourglass stricture and stenosis of stomach
K31.3 Pylorospasm, not elsewhere classified
K31.4 Gastric diverticulum
K31.5 Obstruction of duodenum
K31.6 Fistula of stomach and duodenum
K31.7 Polyp of stomach and duodenum
K31.811 Angiodysplasia of stomach and duodenum with bleeding
K31.819 Angiodysplasia of stomach and duodenum without bleeding
K31.82 Dieulafoy lesion (hemorrhagic) of stomach and duodenum
K31.83 Achlorhydria
K31.84 Gastroparesis
K31.89 Other disorders of stomach and duodenum

UPPER GI: DYSPHAGIA

R13.0 Aphagia
R13.10 Dysphagia

UPPER GI: GERD (REFLUX)

K21.0 Gastro-esophageal reflux disease with esophagitis
K21.9 Gastro-esophageal reflux disease without esophagitis

UPPER GI: H. PYLORI FOLLOW-UP

B98.0 Helicobacter pylori as the cause of diseases classified to other chapters

UPPER GI: HEME-POSITIVE STOOL

K92.1 Melena

UPPER GI: MALABSORPTION

K90.0 Celiac disease
K90.1 Tropical sprue
K90.2 Blind loop syndrome, not elsewhere classified
K90.3 Pancreatic steatorrhea
K90.4 Malabsorption due to intolerance, not elsewhere classified
K90.8 Other intestinal malabsorption
K90.9 Intestinal malabsorption, unspecified

UPPER GI: NAUSEA/VOMITING

R11.0 Nausea
R11.1 Hyperemesis
R11.12 Projectile vomiting
R11.2 Nausea (with vomiting)

UPPER GI: PEPTIC ULCER FOLLOW-UP

K25.9 Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K27 Peptic ulcer, site unspecified

UPPER GI: WEIGHT LOSS

R63.4 Abnormal weight loss

LOWER GI: ULCERATIVE COLITIS

K51.80 Other ulcerative colitis without complications
K51.811 Other ulcerative colitis with rectal bleeding
K51.812 Other ulcerative colitis with intestinal obstruction
K51.813 Other ulcerative colitis with fistula
K51.814 Other ulcerative colitis with abscess
K51.818 Other ulcerative colitis with other complication
K51.819 Other ulcerative colitis with unspecified complications

LOWER GI: CROHN'S

K50.90 Crohn's disease, unspecified, without complications

Use additional code to identify manifestations.

K50.00 Crohn's disease of small intestine without complications
K50.011 Crohn's disease of small intestine with rectal bleeding
K50.012 Crohn's disease of small intestine with intestinal obstruction
K50.013 Crohn's disease of small intestine with fistula
K50.014 Crohn's disease of small intestine with abscess
K50.018 Crohn's disease of small intestine with other complication
K50.019 Crohn's disease of small intestine with unspecified complications
K50.10 Crohn's disease of large intestine without complications
K50.111 Crohn's disease of large intestine with rectal bleeding
K50.112 Crohn's disease of large intestine with intestinal obstruction
K50.113 Crohn's disease of large intestine with fistula
K50.114 Crohn's disease of large intestine with abscess
K50.118 Crohn's disease of large intestine with other complication
K50.119 Crohn's disease of large intestine with unspecified complications

K50.80 Crohn's disease of both small and large intestine without complications
K50.811 Crohn's disease of both small and large intestine with rectal bleeding
K50.812 Crohn's disease of both small and large intestine with intestinal obstruction
K50.813 Crohn's disease of both small and large intestine with fistula
K50.814 Crohn's disease of both small and large intestine with abscess
K50.818 Crohn's disease of both small and large intestine with other complication
K50.819 Crohn's disease of both small and large intestine with unspecified complications
K50.911 Crohn's disease, unspecified, with rectal bleeding
K50.912 Crohn's disease, unspecified, with intestinal obstruction
K50.913 Crohn's disease, unspecified, with fistula
K50.914 Crohn's disease, unspecified, with abscess
K50.918 Crohn's disease, unspecified, with other complication
K50.919 Crohn's disease, unspecified, with unspecified complications

LOWER GI: POLYPS

Z86.010 Personal history of colonic polyps
K63.5 Polyp of colon
K51.40 Inflammatory polyps of colon without complications
K51.411 Inflammatory polyps of colon with rectal bleeding
K51.412 Inflammatory polyps of colon with intestinal obstruction
K51.413 Inflammatory polyps of colon with fistula
K51.414 Inflammatory polyps of colon with abscess
K51.418 Inflammatory polyps of colon with other complication
K51.419 Inflammatory polyps of colon with unspecified complications

LOWER GI: DIARRHEA

R19.7 Diarrhea, unspecified
K58.0 Irritable bowel syndrome with diarrhea

LOWER GI: CHANGE IN BOWEL HABITS/CONSTIPATION

K59.00 Constipation, unspecified
K59.01 Slow transit constipation
K59.02 Outlet dysfunction constipation
K59.09 Other constipation

LOWER GI: HEME-POSITIVE STOOL

K92.1 Melena

LOWER GI: RECTAL BLEEDING

K62.5 Hemorrhage of anus and rectum
K50.111 Crohn's disease of large intestine with rectal bleeding
K50.911 Crohn's disease, unspecified, with rectal bleeding
K51.211 Ulcerative (chronic) proctitis with rectal bleeding
K51.411 Inflammatory polyps of colon with rectal bleeding
K51.811 Other ulcerative colitis with rectal bleeding

SPECIMEN HANDLING AND TRANSPORTATION

Storage: All specimens should be stored at room temperature.

Transportation: Please fill out the requisition form completely and place all specimens in a CorePath shipping kit using the pre-printed air bills supplied by CorePath.

Schedule a Pick-Up: Call CorePath Laboratories at 1.877.617.4445 to schedule a pick-up. In the San Antonio area, call 210.617.4445 to schedule a courier pick-up.