

### 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 Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Fax Duplicate Report to Additional 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.