



GI PATHOLOGY REQUISITION
Specimen shipping: confirm with APS
Phone: 501-225-1400
Fax: 501-225-1401
APSLABGROUP.COM

FOR INTERNAL USE ONLY

PHYSICIAN INFORMATION

CLINIC NAME: _____
STREET ADDRESS: _____
SUITE: _____ CITY: _____
STATE: _____ ZIP: _____
PHONE: _____
FAX: _____
OFFICE CONTACT: _____

☐ _____ NPI: _____	☐ _____ NPI: _____
☐ _____ NPI: _____	☐ _____ NPI: _____
☐ _____ NPI: _____	☐ _____ NPI: _____
☐ _____ NPI: _____	☐ _____ NPI: _____
☐ _____ NPI: _____	☐ _____ NPI: _____
☐ _____ NPI: _____	☐ _____ NPI: _____
☐ _____ NPI: _____	☐ _____ NPI: _____
☐ _____ NPI: _____	☐ _____ NPI: _____

DATE COLLECTED: ____/____/____ TIME COLLECTED: ____:____ AM/PM

BILL: ☐ INSURANCE ☐ PATIENT ☐ CLIENT

PATIENT INFORMATION (PLEASE ATTACH FACE SHEET AND BACK OF PATIENT'S INSURANCE CARD)

LAST NAME		FIRST NAME	M.I.
BEST CONTACT PHONE		MEDICAL RECORD #	
DATE OF BIRTH		SEX	M F
STREET ADDRESS		CITY/STATE	ZIP
REFERRING PHYSICIAN	REFERRING NPI#	REFERRING FAX#	

CLINICAL INDICATIONS

☐ Abdominal Cramping	☐ Constipation	☐ Nausea
☐ Anemia	☐ Diarrhea (Bloody)	☐ Screening Exam
☐ Anorexia	☐ Diarrhea (Watery)	☐ Malabsorption
☐ Bleeding (rectal)	☐ Diverticulosis	☐ Pain: _____
☐ Bleeding (GI)	☐ Diverticulitis	☐ Reflux
☐ Blood in Stool	☐ Dyspepsia	☐ Vomiting
☐ Change in Bowel Habits	☐ Dysphagia	☐ Weight Loss
☐ Coffee Ground Emesis	☐ Epigastric Pain	☐ Other: _____
☐ Colitis Surveillance	☐ Heartburn	

CLINICAL HISTORY

History of Cancer

☐ Personal (type): _____
☐ Family (type): _____

☐ Barrett's	☐ H. Pylori	☐ Ulcer
☐ Esophagitis	☐ Reactive	☐ Crohn's
☐ Reflux	☐ Gastropathy	☐ Ulcerative Colitis
☐ Gastritis	☐ Celiac Duodenitis	☐ Other: _____
☐ Polyp		

Notes

Notes

DIAGNOSIS CODE (PLEASE INDICATE ALL APPLICABLE)

☐ K3189 (Other diseases of stomach and duodenum) ☐ D122 (Benign neoplasm of ascending colon) ☐ K2950 (Unspec. chronic gastritis w/o bleeding) ☐ K317 (Polyp of stomach and duodenum)
☐ K635 (Polyp of colon) ☐ D123 (Benign neoplasm of transverse colon) ☐ D120 (Benign neoplasm of cecum) ☐ _____

Please include a copy of the endoscopy report

EXACT ANATOMIC SOURCE(S) OF TISSUE

RULE OUT CHECKBOXES

1/A	Biopsy Snare Other	EE REFLUX BARRETT'S	GASTRITIS H. PYLORI SPRUE	POLYP COLITIS / IBD Mic. COLITIS	DYSPLASIA MALIGNANCY OTHER
2/B	Biopsy Snare Other	EE REFLUX BARRETT'S	GASTRITIS H. PYLORI SPRUE	POLYP COLITIS / IBD Mic. COLITIS	DYSPLASIA MALIGNANCY OTHER
3/C	Biopsy Snare Other	EE REFLUX BARRETT'S	GASTRITIS H. PYLORI SPRUE	POLYP COLITIS / IBD Mic. COLITIS	DYSPLASIA MALIGNANCY OTHER
4/D	Biopsy Snare Other	EE REFLUX BARRETT'S	GASTRITIS H. PYLORI SPRUE	POLYP COLITIS / IBD Mic. COLITIS	DYSPLASIA MALIGNANCY OTHER
5/E	Biopsy Snare Other	EE REFLUX BARRETT'S	GASTRITIS H. PYLORI SPRUE	POLYP COLITIS / IBD Mic. COLITIS	DYSPLASIA MALIGNANCY OTHER
6/F	Biopsy Snare Other	EE REFLUX BARRETT'S	GASTRITIS H. PYLORI SPRUE	POLYP COLITIS / IBD Mic. COLITIS	DYSPLASIA MALIGNANCY OTHER
7/G	Biopsy Snare Other	EE REFLUX BARRETT'S	GASTRITIS H. PYLORI SPRUE	POLYP COLITIS / IBD Mic. COLITIS	DYSPLASIA MALIGNANCY OTHER
8/H	Biopsy Snare Other	EE REFLUX BARRETT'S	GASTRITIS H. PYLORI SPRUE	POLYP COLITIS / IBD Mic. COLITIS	DYSPLASIA MALIGNANCY OTHER

PHYSICIAN SIGNATURE (REQUIRED FOR CMS)

PATIENT SIGNATURE

SIGNATURE: _____

SIGNATURE: _____

DATE: ____ \ ____ \ ____