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GASTRO-2021

ACUPATH LABORATORIES, INC. **WWW.ACUPATH.COM**
 "FOR THE ABSOLUTE HIGHEST STANDARD IN GASTROINTESTINAL PATHOLOGY" © 2021

ANY OMISSION MAY RESULT IN DELAY OF REPORT

PATIENT INFORMATION

RACE (optional)

														M <input type="checkbox"/>						
														F <input type="checkbox"/>						

SS#

DATE OF BIRTH

LAST NAME FIRST NAME M.I.

STREET ADDRESS

CITY STATE ZIP

TEL. # CHART # PATH #

PLEASE ATTACH COPIES OF FRONT AND BACK OF INSURANCE CARD OR FILL OUT INSURANCE SECTION BELOW

PATIENT'S PRIMARY INSURANCE

BILL TO: MEDICARE PATIENT OTHER NO FAULT WORKERS COMP

INSURED'S NAME _____ D.O.B. ___/___/___

DATE OF ACCIDENT (IF NO FAULT/WORKERS COMP) ___/___/___

PT RELATIONSHIP TO INSURED: SELF SPOUSE CHILD OTHER

POLICY # _____ SS# _____

GROUP NAME/# _____

NAME OF INSURANCE CO. _____

INSURANCE ADDRESS _____

CITY _____ STATE _____ ZIP _____

TC **GLOBAL**

PHYSICIAN SIGNATURE _____

TEST REQUEST

Collection Date: _____ Time: _____ am/pm

- Histopathology, # of Specimen Bottles _____
- BE FISH Pan Only BE FISH Pan & Nucle
- COVID19 PCR Detection Test

ICD-10 CODES

- | | |
|--|--|
| <input type="checkbox"/> GERD K21.9 | <input type="checkbox"/> Gastroduodenitis K57.90 |
| <input type="checkbox"/> Dysphagia R13.10 | <input type="checkbox"/> Upper Polyp K31.7 |
| <input type="checkbox"/> Barretts K22.7 | <input type="checkbox"/> Ulcer K27.9 |
| <input type="checkbox"/> Abd Pain R10.9 | <input type="checkbox"/> Colon Polyp K63.5 |
| <input type="checkbox"/> N & V R11.2 | <input type="checkbox"/> Diverticulosis K57.30 |
| <input type="checkbox"/> Change in Bowel R19.4 | <input type="checkbox"/> Colitis K52 |
| <input type="checkbox"/> Colitis K52.89 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Hx of Polyps Z86.010 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CRCS Z1211 | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Esophagitis K20.9 | <input type="checkbox"/> _____ |

RULE OUT

- | | | | |
|-----------------|--------------------|------------------------|--------------------|
| 1 Celiac | 5 Candida (ss) | 9 Polyp | 13 Malignancy |
| 2 H pylori (SS) | 6 Esophagitis | 10 Microscopic Colitis | 14 Viral Inclusion |
| 3 Barretts (SS) | 7 Gastroduodenitis | 11 Colitis | 15 _____ |
| 4 EOE | 8 Ulcer | 12 Dysplasia Survey | 16 _____ |

Specimen Source / Tissue Site

R/O #:

A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____
F.	_____	_____
G.	_____	_____
H.	_____	_____
I.	_____	_____
J.	_____	_____
K.	_____	_____
L.	_____	_____
M.	_____	_____
N.	_____	_____
O.	_____	_____
P.	_____	_____
Q.	_____	_____
R.	_____	_____