



PHYSICIAN INFORMATION

PATIENT INFORMATION

Requesting Physician Signature _____ Copy to _____

Last Name _____ First Name _____ MI _____

Date of Birth _____ Street Address _____

City _____ State _____ Zip _____

Chart Number _____ Patient Telephone No. _____

Gender: F M

BILLING INFORMATION REQUIRED (Attach copies of Insurance card: Primary and Secondary)

If minor, Guardian Name _____ Insurance Co. _____

Subscriber # _____ Group # _____ Relation to Patient: self spouse guardian

Insured's Name _____ Insured Employer _____

Bill Insurance Uninsured Indigent Patient Bill Doctor Medicare Waiver (ABN instructions on back)

CLINICAL DATA

Signs, Symptoms & History (Check all that apply)

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Hem. Positive Stool | <input type="checkbox"/> Weight Loss | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bleeding _____ | <input type="checkbox"/> Iron Deficient Anemia | <input type="checkbox"/> Family History of Cancer (Types) _____ | _____ |
| <input type="checkbox"/> Change in Bowel Habit | <input type="checkbox"/> Microscopic Colitis | <input type="checkbox"/> Family History of H. Pylori | _____ |
| <input type="checkbox"/> Diarrhea (Bloody) | <input type="checkbox"/> Nausea | <input type="checkbox"/> Family History of Barrett's Esophagus | _____ |
| <input type="checkbox"/> Diarrhea (Watery) | <input type="checkbox"/> NSAID Usage | <input type="checkbox"/> Personal History of Barrett's Esophagus | _____ |
| <input type="checkbox"/> Dyspepsia | <input type="checkbox"/> Pain (Types) _____ | <input type="checkbox"/> Personal History of Cancer (Types) _____ | _____ |
| <input type="checkbox"/> Dysphagia | <input type="checkbox"/> Reflux | <input type="checkbox"/> Personal History of Idiopathic Inflammatory Bowel Disease | _____ |
| <input type="checkbox"/> Heartburn | <input type="checkbox"/> Screening | <input type="checkbox"/> Personal History of Lymphoma | _____ |
| | | <input type="checkbox"/> Personal History of Polyps | _____ |

ANATOMIC SITE

Upper GI Specimen

#	From	Esophagus	EG Junction	Fundus	Body	Antrum	Duodenum (Bulb)	Duodenum (Sm. Bowel)	Liver	Proximal	Distal	Other (Specify)	Endoscopic Findings (See Codes Below)
_____	_____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ / _____
_____	_____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ / _____
_____	_____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ / _____
_____	_____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ / _____
_____	_____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ / _____

Lower GI Specimen

#	From	Ileum	Cecum	Ascending	Hepatic Flexure	Transverse	Splenic Flexure	Descending	Sigmoid	Rectum	Proximal	Mid	Distal	Other (Specify)	Endoscopic Findings (See Codes Below)
_____	_____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ / _____
_____	_____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ / _____
_____	_____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ / _____
_____	_____ cm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____ / _____

SPECIAL INDICATIONS

- Colitis Surveillance Colonoscopy
- Polyp/Neoplasm Surveillance Colonoscopy
- Rule Out Barrett's Esophagus
- Rule Out Cancer
- Rule Out Candida
- Rule Out Crohn's
- Rule Out Dysplasia
- Rule Out Fungi
- Rule Out Gastritis/H. Pylori
- Rule Out Idiopathic IBD
- Rule Out Microscopic Colitis
- Rule Out Parasites
- Rule Out Sprue/Celiac
- Rule Out Viral Inclusions
- Rule Out Ulcerative Colitis
- Rule Out (Other) _____

OTHER TESTS

- 10018 TZAM reflex if H. pylori IHC negative
- 10017 TZAM reflex on any result
- Other: _____

ENDOSCOPIC CODES

Please write the applicable number(s) for each corresponding biopsy specimen in the Anatomic Site section above (do not circle code numbers).

- | | | | |
|---------------------|------------------|--------------------|-----------------|
| 1. Barrett's Mucosa | 5. Hiatal Hernia | 9. Polyp | 13. Ulcer |
| 2. Erosion | 6. Mass | 10. Polyposis | 14. H. Pylori |
| 3. Erythema | 7. Nodularity | 11. Pseudomembrane | 15. Random bx |
| 4. Granularity | 8. Normal | 12. Stricture | 16. Other _____ |

For LAB USE ONLY

CYTO Accession # _____
TISSUE Accession # _____
DATE/TIME Rec'd _____

BIOPSY DATA

- Consultation: Referred material requiring slide prep
- Consultation: On referred slides
- Disaccharidase from Duodenum
- Histology
- Cytology (Brushings)
- *Send pathology reports with all consultations

Collection Date: _____

Jars: _____

ICD-10 Code REQUIRED: _____

Positive Patient Identification: No. GIA000001

SPECIMEN LABEL INSTRUCTIONS: 1. Write required information on the labels. 2. Remove necessary labels and place one (1) label on each specimen container (not on the lid).

Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____
Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____
Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____	Eastern Carolina Pathology 777000001A Name: _____ DOB: _____ Site: _____

ADVANCED BENEFICIARY NOTICE (ABN)

Tests are subject to coverage limitations by Medicare and may require that an Advanced Beneficiary Notice (ABN) be signed by the patient prior to obtaining the specimen. When ordered tests are likely to be denied by Medicare, please complete a separate ABN with the patient's signature. The ABN will then need to be submitted with this requisition. For a copy please call Eastern Carolina Pathology at 1-866-572-8452 or 252-234-2841.

ICD-10 DIAGNOSIS – REQUIRED

Below is a list of commonly used diagnosis codes; however, this list is not all-inclusive and is provided as a reference only. Please provide the most specific diagnosis code(s) related to the reason for testing. The ICD-10 code is listed with the corresponding ICD-9 code in parentheses to aid in the transition to ICD-10.

Diagnostic: Women's Health Specific

B95.1	GBS Infection as Cause of Disease Classified Elsewhere (041.02)
A60.00	Unspecified Genital Herpes (054.10)
B00.89	Herpes Simplex With Other Specified Complications (054.79)
B07.9	Unspecified Viral Warts (078.10)
A63.0	Condyloma Acuminatum (078.11)
B07.0	Plantar wart (078.12)
B97.7	HPV Infection as the Cause of Diseases Classified Elsewhere (079.4)
B37.3	Candidiasis of Vulva and Vagina (112.1)
N72	Cervicitis & Endocervicitis (616.0)
N76.0	Unspecified Vaginitis & Vulvovaginitis (616.10)
N87.9	Dysplasia of Cervix, Unspecified (622.10)
N87.0	Mild Dysplasia of Cervix (622.11)
N87.1	Moderate Dysplasia of Cervix (622.12)
N84.1	Cervical Polyp (622.7)
N89.9	Leukorrhea, Not Specified as Infective (623.5)
N91.2	Absence of Menstruation (626.0)
N92.1	Metrorrhagia (626.6)
N93.8	Disorders of Menstruation and Other Abnormal Bleeding from Female Genital Tract; Other (626.8)
N93.9	Disorders of Menstruation and Other Abnormal Bleedings from Female Genital Tract; Unspecified (626.9)
N95.0	Postmenopausal Bleeding (627.1)
R87.619	Abnormal Pap of Cervix (795.00)
R87.610	ASCUS of Cervix (795.01)
R87.611	ASC – H of Cervix (795.02)
R87.612	LGSIL of Cervix (795.03)
R87.613	HGSIL of Cervix (795.04)
R87.810	High Risk HPV Positive of Cervix (795.05)
R87.820	Low Risk HPV Positive of Cervix (795.09)
R85.619	Abnormal Glandular Anal Pap (796.70)
R85.610	Pap Smear of Anus, ASCUS (796.71)
R85.611	Pap Smear of Anus, ASC – H (796.72)
R85.612	Pap Smear of Anus, LGSIL (796.73)
R85.613	Pap Smear of Anus, HGSIL (796.74)
R85.81	Anal High Risk HPV DNA Test Positive (796.75)
R85.614	Pap Smear of Anus With Cytologic Evidence of Malignancy (796.76)
R85.616	Satisfactory Anal Smear but Lacking Transformation Zone (796.77)
R85.615	Unsatisfactory Anal Smear (796.78)
R85.618	Other Abnormal Smear of Anus (796.79)

Diagnostic: Other Biopsies

B35.1	Dermatophytosis of Nail (110.1)
C49.59	Malignant Melanoma of Other Part of Trunk (172.5)
C49.51	Malignant Melanoma of Anal Skin (172.5)
C49.52	Malignant Melanoma of Skin of Breast (172.5)
C44.291	Other Malignant Neoplasm of skin of Ear and External Auditory Canal (173.29)
C44.292	Other Malignant Neoplasm of skin of Ear and External Auditory Canal – Right (173.29)
C44.299	Other Malignant Neoplasm of skin of Ear and External Auditory Canal – Left (173.29)
C44.390	Other Malignant Neoplasm of skin, Unspecified Parts of Face (173.39)
C44.391	Other Malignant Neoplasm of skin of nose (173.39)
C44.399	Other Malignant Neoplasm of skin of other parts of face (173.39)
C44.49	Other Malignant Neoplasm of Scalp and Skin of Neck (173.49)
C44.599	Other Malignant Neoplasm of skin of trunk (173.59)
C44.590	Other Malignant Neoplasm of Anal Skin (173.59)
C44.591	Other Malignant Neoplasm of skin of breast (173.59)
C44.691	Other Malignant Neoplasm of Skin of Upper Limb, Including Shoulder (173.69)
C44.692	Other Malignant Neoplasm of Skin of Upper Limb, Including Shoulder – Right (173.69)
C44.699	Other Malignant Neoplasm of Skin of Upper Limb, Including Shoulder – Left (173.69)
C44.791	Other Malignant Neoplasm of Skin of Lower Limb, Including Hip (173.79)
C44.792	Other Malignant Neoplasm of Skin of Lower Limb, Including Hip – Right (173.79)
C44.799	Other Malignant Neoplasm of Skin of Lower Limb, Including Hip – Left (173.79)
C44.89	Other Specified Malignant Neoplasm of Other Specified Sites of Skin (173.89)
C44.99	Other Malignant Neoplasm of Skin, Site Unspecified (173.99)
C50.419	Malignant Neoplasm of Upper-Outer Quadrant of Female Breast – Unspecified Side (174.4)
C50.411	Malignant Neoplasm of Upper-Outer Quadrant of Female Breast – Right (174.4)
C50.412	Malignant Neoplasm of Upper-Outer Quadrant of Female Breast – Left (174.4)

Diagnostic: Other Biopsies (continued)

C53.9	Malignant Neoplasm of Cervix Uteri – Unspecified (180.9)
C54.9	Malignant Neoplasm of Corpus Uteri (182.0)
C56.9	Malignant Neoplasm of Ovary – Unspecified (183.0)
C56.1	Malignant Neoplasm of Ovary – Right (183.0)
C56.2	Malignant Neoplasm of Ovary – Left (183.0)
C80.1	Other Malignant Neoplasm of Unspecified Site (199.1)
D10.0	Benign Neoplasm of Lip (210.0)
D10.30	Benign Neoplasm of Unspecified Parts of Mouth (210.4)
D10.39	Benign Neoplasm of Other Parts of Mouth (210.4)
D12.6	Benign Neoplasm of Colon – Unspecified (211.3)
D12.0	Benign Neoplasm of Colon – Cecum (211.3)
D12.2	Benign Neoplasm of Colon – Ascending (211.3)
D12.3	Benign Neoplasm of Colon – Transverse (211.3)
D12.4	Benign Neoplasm of Colon – Descending (211.3)
D12.5	Benign Neoplasm of Colon – Sigmoid (211.3)
D12.7	Benign Neoplasm of Colon – Rectosigmoid Junction (211.3)
D17.0	Lipoma of Skin and Subcutaneous Tissue of Head, Face and Neck (214.1)
D17.9	Lipoma, Unspecified Site (214.9)
D21.10	Other Benign Neoplasm of Connective and Other Soft Tissue of Upper Limb, Including Shoulder – Unspecified (215.2)
D21.11	Other Benign Neoplasm of Connective and Other Soft Tissue of Upper Limb, Including Shoulder – Right (215.2)
D21.12	Other Benign Neoplasm of Connective and Other Soft Tissue of Upper Limb, Including Shoulder – Left (215.2)
D23.10	Other Benign Neoplasms of Eyelid, Including Canthus – Unspecified (216.1)
D23.11	Other Benign Neoplasms of Eyelid, Including Canthus – Right (216.1)
D23.12	Other Benign Neoplasms of Eyelid, Including Canthus – Left (216.1)
D23.30	Other Benign Neoplasms of Skin of Unspecified Parts of Face (216.3)
D23.39	Other Benign Neoplasms of Skin of Other Parts of Face (216.3)
D23.5	Other Benign Neoplasms of Skin of Trunk, Except Scrotum (216.5)
D23.60	Other Benign Neoplasms of Skin of Upper Limb, Including Shoulder – Unspecified (216.6)
D23.61	Other Benign Neoplasms of Skin of Upper Limb, Including Shoulder – Right (216.6)
D23.62	Other Benign Neoplasms of Skin of Upper Limb, Including Shoulder – Left (216.6)
D23.9	Other Benign Neoplasms of Skin, Site Unspecified (216.9)
D25.0	Submucous Leiomyoma of Uterus (218.0)
D25.9	Leiomyoma of Uterus – Unspecified (218.9)
D28.0	Benign Neoplasm of Vulva (221.2)
D06.9	Carcinoma In Situ of Cervix Uteri – Unspecified (233.1)
D06.0	Carcinoma In Situ of Cervix Uteri – Endocervix (233.1)
D06.1	Carcinoma In Situ of Cervix Uteri – Exocervix (233.1)
D06.7	Carcinoma In Situ of Cervix Uteri – Other Parts (233.1)
D37.01	Neoplasm of Uncertain Behavior of Lip (235.1)
D37.05	Neoplasm of Uncertain Behavior of Pharynx (235.1)
D37.09	Neoplasm of Uncertain Behavior of Other Specific Sites of the Oral Cavity (235.1)
D48.1	Neoplasm of Uncertain Behavior of Connective and Other Soft Tissue (238.1)
D48.5	Neoplasm of Uncertain Behavior of Skin (238.2)
D49.89	Neoplasm of Uncertain Behavior of Other Specified Sites (238.8)
D49.9	Neoplasm of Uncertain Behavior, Site Unspecified (238.9)
D48.0	Neoplasm of Unspecified Nature of Bone and Articular Cartilage (239.2)
D49.5	Neoplasm of Unspecified Nature of Other Genitourinary Organs (239.5)
G56.00	Carpal Tunnel Syndrome – Unspecified Upper Limb (354.0)
G56.01	Carpal Tunnel Syndrome – Right Upper Limb (354.0)
G56.02	Carpal Tunnel Syndrome – Left Upper Limb (354.0)
I78.1	Nevus, Non-Neoplastic (488.1)
K29.70	Unspecified Gastritis, Without Hemorrhage (535.50)
K29.90	Unspecified Gastroduodenitis, Without Hemorrhage (535.50)
K50.10	Regional Enteritis of Large Intestine, Without Complications (555.1)
K51.00	Ulcerative Colitis, Universal Chronic (556.6)
K52.9	Unspecified Noninfectious Gastroenteritis and Colitis (558.9)
K52.89	Other Noninfectious Gastroenteritis and Colitis (558.9)
K62.0	Anal Polyp (569.0)
K62.1	Rectal Polyp (569.0)
K90.1	Tropical Sprue (579.1)
N63	Lump of Mass in Breast (611.72)
N83.20	Unspecified Ovarian Cyst (620.2)

Diagnostic: Other Biopsies (continued)

N83.29	Other Ovarian Cyst (620.2)
N84.0	Polyp of Corpus Uteri (621.0)
N89.3	Dysplasia of Vagina – Unspecified (623.0)
N89.0	Dysplasia of Vagina – Mild (623.0)
N89.1	Dysplasia of Vagina – Moderate (623.0)
N84.2	Polyp of Vagina (623.7)
N89.8	Other Specified Non-Inflammatory Disorders of Vagina (623.8)
N90.89	Other Specified Non-Inflammatory Disorders of Vulva and Perineum (624.8)
N90.9	Unspecified Non-Inflammatory Disorder of Vulva and Perineum (624.9)
N94.1	Dyspareunia (625.0)
N94.6	Dysmenorrhea (625.3)
N94.9	Unspecified Symptom Associated with Female Genital Organs (625.9)
N92.0	Excessive of Frequent Menstruation with Regular Cycle (626.2)
N92.1	Excessive of Frequent Menstruation with Irregular Cycle (626.2)
N92.6	Irregular Menstrual Cycle (626.4)
N93.0	Post-coital Bleeding (626.7)
N92.4	Premenopausal Menorrhagia (627.0)
N95.1	Menopausal of Female Climacteric States (627.2)
N95.2	Postmenopausal Atrophic Vaginitis (627.3)
O02.1	Missed Abortion (632)
L25.9	Contact Dermatitis and Other Eczema, Unspecified Cause (692.9)
L91.9	Unspecified Hypertrophic Conditions of Skin (701.9)
L90.9	Unspecified Atrophic Conditions of Skin (701.9)
L57.0	Actinic Keratosis (702.0)
L82.1	Seborrheic Keratosis (702.19)
L72.11	Pilar Cyst (704.41)
L72.12	Trichilemmal Cyst (704.42)
L72.3	Sebaceous Cyst (706.2)
L98.9	Unspecified Disorder of Skin and Subcutaneous Tissue (709.9)
M67.40	Ganglion of Joint – Unspecified Site (727.41)
M67.40	Ganglion of Tendon Sheath – Unspecified Site (727.42)
M67.48	Other Ganglion, Other Site (727.49)
M67.89	Other Cyst of Synovium and Tendon, other site (727.49)
M71.38	Other Cyst of Bursa, Other Site (727.49)
M72.0	Contracture of Palmar Fascia (728.6)
R20.9	Disturbance of Skin Sensation (782.0)
R21	Rash and Other Nonspecific Skin Eruption (782.1)
R22.9	Localized Superficial Swelling, Mass or Lump – Unspecified Site (782.2)
R22.1	Swelling, Mass or Lump in Neck (784.2)
R22.0	Swelling, Mass or Lump in Head (784.2)
R19.7	Diarrhea (787.91)
R10.9	Abdominal Pain, Unspecified (789.00)
R93.8	Nonspecific Abnormal Findings on Radiological and Other Examination of Genitourinary Organs (793.5)
R87.615	Unsatisfactory Smear of Cervix (795.08)

Screening

Z20.2	Contact With or Exposure to Venereal Diseases (V01.6)
Z20.9	Contact With or Exposure to Unspecified Communicable Disease (V01.9)
Z87.410	Personal History of Cervical Dysplasia (V13.22)
Z77.21	Contact With and (suspected) Exposure to Potentially Hazardous Body Fluids (V15.85)
Z77.9	High Risk Screening Pap - Medicare Only (V15.89)
Z34.90	Supervision of Unspecified Normal Pregnancy – Unspecified Trimester (V22.1)
Z34.91	Supervision of Unspecified Normal Pregnancy – First Trimester (V22.1)
Z34.92	Supervision of Unspecified Normal Pregnancy – Second Trimester (V22.1)
Z34.93	Supervision of Unspecified Normal Pregnancy – Third Trimester (V22.1)
Z39.2	Postpartum Follow-Up (V24.2)
Z36	GBS Screening (V28.6)
Z01.411	Routine GYN Exam With Abnormal Findings (V72.31)
Z01.419	Routine GYN Exam Without Abnormal Findings (V72.31)
Z01.42	Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear (V72.32)
Z11.51	HPV Screening (V73.81)
Z11.8	Special Screening Examination for Unspecified Chlamydial Disease (V73.98)
Z11.3	Screening Examination for Venereal Disease (V74.5)
Z12.4	Special Screening; Cervix Routine (V76.2)
Z12.72	Special Screening; Vaginal S/P Hysterectomy (V76.47)
Z12.89	Special Screening; Other Sites (V76.49)
Z12.11	Screening, malignant neoplasm, colon (V76.51)