UFHealth
PATHOLOGY LABORATORIES

ALL ORANGE AREAS ARE REQUIRED.

Practice Name: ______________________________

Address: ______________________________

E-mail: ______________________________

Phone: ______________ **Fax:** ______________

GASTROINTESTINAL & LIVER PATHOLOGY REQUISITION

Patient Information*

Collection date: ______________ **Time:** ____:____ **A.M./P.M.**

Name (last, first, middle initial): **Sex:** **Male** **Female**

____

Date of birth (MM/DD/YYYY): ______________________________

Medical record/Patient ID#: ______________________________

Billing Information*

You MUST include copies of the patient's demographics sheet and both sides of the patient's insurance card(s), along with any secondary insurance information (if applicable), with this requisition.

Provider Information

Ordering physician: ______________________________

Ordering physician NPI #: ______________________________

Duplicate report sent to: ______________________________

Rule-Out These Conditions

- ☐ Amyloid
- ☐ Barrett's esophagus
- ☐ Carcinoma
- ☐ Celiac sprue
- ☐ Crohn's disease
- ☐ Cytomegalovirus
- ☐ Eosinophilic esophagitis
- ☐ Fungi
- ☐ H. pylori
- ☐ Herpes simplex virus
- ☐ Lymphoma
- ☐ Mastocytic enterocolitis
- ☐ Microscopic colitis
- ☐ Ulcerative colitis
- ☐ Other (write below):

____

Clinical Indications *Attach all relevant clinical history to this requisition.*

UPPER

- ☐ Abdominal/Epigastric pain
- ☐ Amemia
- ☐ Barrette's surveillance
- ☐ Dyspepsia
- ☐ GERD
- ☐ H. pylori follow-up
- ☐ Heme-positive stool
- ☐ Nausea/Vomiting
- ☐ Peptic ulcer follow-up
- ☐ Weight loss
- ☐ Other:

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LOWER

Colon Cancer Screening:

- ☐ Average-risk
- ☐ High-risk/Indication: __________

____

Surveillance for:

- ☐ Cancer | Type: ______________

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- ☐ Crohn's disease
- ☐ Polyp(s)
- ☐ Ulcerative colitis

Symptoms:

- ☐ Diarrhea: → ☐ Acute ☐ Bloody ☐ Chronic ☐ Watery
- ☐ Change in bowel habits/ Constipation
- ☐ Heme-positive stool
- ☐ Rectal bleeding

Clinical History: ______________________________

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SPECIAL TESTS: For Gastric and GE Junction Adenocarcinoma

☐ Her2 by IHC and FISH (if positive for adenocarcinoma)

OTHER REQUESTS: ______________________________

Upper GI

Specimen Type/Information				Esophagus		Stomach					Small Intestine			Endoscopic Findings
Specimen Label	Biopsy	Polypectomy	Distance (if any)	Esophagus	Esophagogastric Junction	Stomach	Cardia	Fundus	Body	Antrum/ Pylorus	Duodenum	Duodenum Bulb	Small Intestine	
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Other: ______________________________

Lower GI

Specimen Type/Information				Ileum		Colon										Endoscopic Findings
Specimen Label	Biopsy	Polypectomy	Distance (if any)	Ileum	Ileocecal Valve	Colon	Cecum	Ascending	Hepatic Flexure	Transverse	Splenic Flexure	Descending	Sigmoid	Rectum	Anus	
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Other: ______________________________

http://pathlabs.ufl.edu

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