



SPOKANE (509) 892-2700/(888) 814-6277
 FAX (509) 892-2740
BELLEVUE (425) 646-0922/(877) 288-0922
 FAX (425) 646-0925
RICHLAND (509) 392-5920/(833) 369-7268
 FAX (509) 866-5020

LAB NUMBER

CHART #/MRN _____ **DATE OF COLLECTION** _____ **SEX**
 M F

PATIENT'S NAME (Last Name, First Name, Middle Initial) _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE** _____

PATIENT SOCIAL SECURITY # _____ **PATIENT BIRTHDATE** _____ **COPY TO:** _____
 Please write N/A if SSN is unavailable

INSURED'S NAME (Attach Copy of Insurance Card) _____ **RELATIONSHIP TO PATIENT:**
 Self Spouse
 Child Other
POLICY # _____ **GROUP # / EMPLOYER** _____

INSURANCE PLAN NAME OR PROGRAM NAME
 Bill Office/ Clinic VA Choice
 No Insurance Group Health Asuris Molina Aetna
 Medicare Regence of WA Premera CHPW Tricare
 United Healthcare Regence of ID First Choice (Group # Req.) _____
 Cigna (Group # Req.) Blue Cross Medicaid (State) _____
 Other _____

ICD-10 CODE(S) REQUIRED PLEASE INDICATE DIAGNOSIS CODE(S) RELATING TO THE CURRENT PROCEDURE _____ **PREAUTHORIZATION NUMBER** _____

PREVIOUS TISSUE SENT TO OTHER LAB?
 No Yes (Please attach copy of report)

LAB USE
 DATE RECEIVED _____
 BILLING CODES _____
 PREP _____

GASTROENTEROLOGY PATHOLOGY
Pertinent History/Clinical Impression: _____

SPECIAL REQUESTS
Rule Out: _____
Special Tests:
 HER2 by: IHC FISH
 MMR (MSI IHC Panel)
 H. pylori by IHC

SITES / FINDINGS - Please identify each vial with the corresponding number below

SPECIMEN	TYPE	UPPER GI												LOWER GI												ENDOSCOPIC FINDING CODE:	ENDOSCOPIC FINDING CODES						
		ESOPHAGUS					STOMACH				DUODENUM			ILEUM			COLON																
		Upper Esophagus	Middle Esophagus	Lower Esophagus	E.G. Junction	Esophagus (NOS)	Cardia	Fundus	Body	Antrum/Pylorus	Stomach (NOS)	Duodenum (Bulb)	Duodenum (2nd)	Duodenum (3rd)	Duodenum (NOS)	Ileum (NOS)	Terminal Ileum	Ileocecal Valve	Cecum	Ascending/Right	Hepatic Flexure	Transverse	Splenic Flexure	Descending/Left	Sigmoid			Rectum	Anus	Colon (NOS)	Proximal	Mid	Distal
1 _____ CM	<input type="checkbox"/> Biopsy <input type="checkbox"/> Polypectomy <input type="checkbox"/> Random <input type="checkbox"/> Cytology	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Use number from list at right	1. Barrett's Mucosa 2. Diverticula 3. Erosion 4. Erythema 5. Granularity 6. Hiatal Hernia 7. Inflammation 8. Mass 9. Nodularity 10. Normal 11. Plaque 12. Polyp 13. Polyposis 14. Pseudomembrane/Exudate 15. Stricture 16. Ulcer 17. Other: _____
2 _____ 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3 _____ 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4 _____ 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5 _____ 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6 _____ 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7 _____ 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8 _____ 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9 _____ 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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First: _____ Last: _____ Site: _____ BG 401000	First: _____ Last: _____ Site: _____ BG 401000	First: _____ Last: _____ Site: _____ BG 401000
First: _____ Last: _____ Site: _____ BG 401000	First: _____ Last: _____ Site: _____ BG 401000	First: _____ Last: _____ Site: _____ BG 401000
First: _____ Last: _____ Site: _____ BG 401000	First: _____ Last: _____ Site: _____ BG 401000	First: _____ Last: _____ Site: _____ BG 401000