



Gulf Coast Pathologists  
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LAB USE ONLY

ACCESSION NUMBER: \_\_\_\_\_

**Pathology Test Requisition**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Service / Date of Collection

**Account Information**

**Patient Information**

\_\_\_\_\_  
 Last Name First Name Middle Initial

\_\_\_\_\_  
 SSN Date of Birth M / F

\_\_\_\_\_  
 Address, City, and Zip Code

Requesting/Ordering Physician's (MD or DO) Signature  
NOTICE: If your signature or initials are not placed on this form, you attest that you have caused the subject patient's medical record to include a specific reference (i.e. an order) to your intent that the accompanying specimen(s) be examined by a pathologist, and that you have personally signed (ink or electronic) said order in the subject patient's medical record.

**Billing Information: Please attach a copy of the front and back of the patient's insurance card(s).**

- Insurance     Patient (Self Pay)     Charity     Indigent

\_\_\_\_\_  
 Primary Insurance Company Name Address

\_\_\_\_\_  
 Primary Insurance Policy # Primary Insurance Group # Insured's Full Name

\_\_\_\_\_  
 Secondary Insurance Company Name Address

\_\_\_\_\_  
 Secondary Insurance Policy # Secondary Insurance Group # Insured's Full Name

\_\_\_\_\_  
 Medicare # Medicaid #

**ICD10 Codes**

Rule Out: \_\_\_\_\_

**Clinical Information / Symptoms**

**Pertinent Clinical History**

(must be provided to establish medical necessity)

- Abdominal Cramping
- Anemia
- Anorexia
- Bleeding (Rectal)
- Blood in Stool
- Change in Bowel Habits
- Coffee Ground Emesis
- Colitis Surveillance
- Constipation
- Diarrhea (Bloody)
- Diarrhea (Watery)
- Diverticulosis
- Diverticulitis
- Dyspepsia
- Dysphagia
- Epigastric Pain
- Heartburn
- Nausea
- Screening Exam
- Malabsorption
- Reflux
- Vomiting
- Weight Loss
- Pain (location) \_\_\_\_\_
- Other \_\_\_\_\_

- Barrett's Esophagus - no dysplasia
- Barrett's Esophagus - Low Grade
- Barrett's Esophagus - High Grade
- Esophagitis
- Gastritis
- H. Pylori infection
- History of Polyps
  - Malignant
  - Benign
- Inflammatory Bowel
  - Ulcerative Colitis
  - Crohn's Disease
  - Indeterminate
- Irritable Bowel Syndrome
- Reflux Esophagitis
- Reactive Gastropathy

**History of Cancer**

Lymphoma (personal)

\_\_\_\_\_

Carcinoma (personal)

\_\_\_\_\_

Other (personal)

\_\_\_\_\_

Any (family)

\_\_\_\_\_

**Specimen Source / Location**

A \_\_\_\_\_ F \_\_\_\_\_

B \_\_\_\_\_ G \_\_\_\_\_

C \_\_\_\_\_ H \_\_\_\_\_

D \_\_\_\_\_ I \_\_\_\_\_

E \_\_\_\_\_ J \_\_\_\_\_