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Date Specimen Collected	Time Specimen Collected	STAT <input type="checkbox"/>
<b>Laboratory Use Only</b>		
Accession Number	Date Received	Time Received

Group/Practice Name			Practice Contact Information	
Ordering Physicians			Address Line 1	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Address Line 2	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	City, State Zip	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Phone	Fax
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	

Patient and Insurance Information					
*Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending*					
First Name	Last Name	MI	DOB	Gender	
Address Line 1	Address Line 2	City		State	Zip
Home Phone	Cell Phone	Race*		Ethnicity*	
Insured's Name		Relationship to Patient		Social Security #	
Home Phone	Cell Phone	DOB	Gender		
Primary Insurance			Secondary Insurance		
Group #	ID#	Group #	ID#		
Address			Address		
City	State	Zip	City	State	Zip

Length of Barrett's Epithelium and Descriptive Findings	

Test Panels		
<input type="checkbox"/> Barrett's Esophagus Cytology FISH Panel	<input type="checkbox"/> Jar 1 Pan Brushings	<input type="checkbox"/> Jar 2 Nodular Brushings (if present)
(If being sent)		
<input type="checkbox"/> Additional Anatomic Pathology_____	<input type="checkbox"/> Additional Anatomic Pathology_____	
<input type="checkbox"/> Additional Anatomic Pathology_____	<input type="checkbox"/> Additional Anatomic Pathology_____	
<input type="checkbox"/> Additional Anatomic Pathology_____	<input type="checkbox"/> Additional Anatomic Pathology_____	

ICD-10 Codes	
<input type="checkbox"/> K21.0 GERD with Esophagitis	<input type="checkbox"/> K22.710 Barrett's Esophagus with Low Grade Dysplasia
<input type="checkbox"/> K21.9 GERD without Esophagitis	<input type="checkbox"/> K22.711 Barrett's Esophagus with High Grade Dysplasia
<input type="checkbox"/> K22.70 Barrett's Esophagus without Dysplasia	<input type="checkbox"/> K22.719 Barrett's Esophagus with Dysplasia, unspecified

Physician Signature <b>(Required for Testing)</b>	Accessioner Initials
	1 _____ 2 _____

\*Race and Ethnicity are required by certain states and the CDC

ICD-10 Codes are listed for information purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient.