

GASTROENTEROLOGY REQUISITION

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www.biovantra.com

Florida License #: 800024052
CLIA ID #: 10D1087213

ACCOUNT INFORMATION				PATIENT INFORMATION			
Client Name				Patient Name (Last, First, MI)			
Street Address 1				Street Address 1			
Street Address 2				Street Address 2			
City		State		City		State	
Zip				Zip			
Telephone No. () ()		Fax No. () ()		Home Telephone No. () ()		Work Telephone No. () ()	
Ordering Physician / Pathologist			NPI	Race		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Treating Physician			NPI	Social Security No.			Chart no. / Patient ID No. (Optional)

BILLING INFORMATION (Attach demographics and front and back of insurance card)							
Bill: <input type="checkbox"/> Insurance <input type="checkbox"/> Patient <input type="checkbox"/> Medicare / Medicaid <input type="checkbox"/> Client / Facility Patient Status: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Non-Hospital Patient				Group Employer Name		Policy No.	Group No.
Primary Insurance Co. Name <input type="checkbox"/> Information Attached				Policy Holder Name		Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address				Relationship to Policy Holder: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent			
City		State	Zip	Telephone No. () ()	Secondary Insurance: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please attach)		

***Medicare patients must review and sign the separate Advanced Beneficiary Notice for services that may not meet Medicare's medical necessity or frequency limitation.**

CLINICAL DIAGNOSIS AND HISTORY

<input type="checkbox"/> Acute Abdominal Pain (789.0)	<input type="checkbox"/> Constipation (564.0)	<input type="checkbox"/> Heartburn (787.1)	<input type="checkbox"/> Nausea & Vomiting (787.01)
<input type="checkbox"/> Acute Gastritis (535.0)	<input type="checkbox"/> Crohn's Disease Colon (555.1)	<input type="checkbox"/> History CA Colon (V10.05)	<input type="checkbox"/> Rectal Bleed (569.3)
<input type="checkbox"/> Anemia (280.0)	<input type="checkbox"/> Crohn's Small Intestine (555.0)	<input type="checkbox"/> History Colon Polyp (V12.72)	<input type="checkbox"/> Reflux Esophagitis (530.11)
<input type="checkbox"/> Barrett's Esophagus (530.85)	<input type="checkbox"/> Diarrhea (787.91)	<input type="checkbox"/> Iron Deficiency Anemia (280.9)	<input type="checkbox"/> Ulcerative Colitis (556.9)
<input type="checkbox"/> Change In Bowel Habits (787.99)	<input type="checkbox"/> Dyspepsia (536.8)	<input type="checkbox"/> Melena (578.1)	<input type="checkbox"/> Weight Loss (783.2)
<input type="checkbox"/> Colitis (558.9)	<input type="checkbox"/> Dysphagia (787.2)	<input type="checkbox"/> Malabsorption (579.9)	<input type="checkbox"/> Other _____

SPECIMEN SOURCE AND LOCATION

Esophagus				Stomach				Duodenum / Small Intestine				Cecum / Colon / Rectum			
Container	Site	cm Level	Findings	Container	Site	cm Level	Findings	Container	Site	cm Level	Findings	Container	Site	cm Level	Findings
Biopsy Site 1 Prox. Esophagus 2 Mid Esophagus 3 Distal Esophagus 4 G-E Junction 5 Other _____	Endoscopy Findings 1 Normal 530.9 2 Esophagitis 530.1 3 Thickened Mucosa 530.9 4 Hiatal Hernia 553.3 5 Barrett's Esoph. 530.85 6 Erosion 530.89 7 Ulcer 530.2 8 Stricture 530.3 9 Mass 239.0 10 Other _____	Biopsy Site 1 Cardia 2 Fundus 3 Body 4 Antrum 5 Pylorus 6 Other _____	Endoscopy Findings 1 Normal 537.9 2 Gastritis 535.5 3 Erosion 535.4 4 Ulcer 531.9 5 Atrophic Gastritis 535.1 6 Polyp(s) 211.1 7 Mass 239.0 8 Other _____	Biopsy Site 1 Duodenum 2 Ampulla of Vater 3 Jejunum 4 Ileum 5 Terminal Ileum 6 Other _____	Endoscopy Findings 1 Normal 564.9 2 Villous Atrophy 579.1 3 Inflammation 558.9 4 Erosion 569.89 5 Ulcer 569.82 6 Polyp(s) 211.2 7 Mass 239.0 8 Other _____	Biopsy Site 1 Ileocecal Valve 2 Cecum 3 Ascending 4 Hepatic Flexure 5 Transverse 6 Splenic Flexure 7 Descending 8 Sigmoid 9 Rectum 10 Right Colon 11 Left Colon 12 Other _____	Endoscopy Findings 1 Normal 569.9 2 Inflamed 558.9 3 Erosion 569.89 4 Ulcer 569.82 5 Colitis 558.9 6 Ulcerative Colitis 556.9 7 Crohn's 555.9 8 Polyp(s) 211.3 9 Mass 239.0 10 Other _____								

OTHER SPECIMENS / TESTS

<input type="checkbox"/> Liver	<input type="checkbox"/> Circulating Tumor Cell (CTC) Colorectal Ca	<input type="checkbox"/> Barrett's BioStrat™ Assay
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Collection Date: _____ Collection Time: _____ AM PM # Vials / Containers Submitted: _____