



**SPOKANE** (509) 892-2700/(888) 814-6277  
 FAX (509) 892-2740  
**TUKWILA** (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** \_\_\_\_\_

Please write N/A if SSN is unavailable

**COPY TO:** \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Location/Phone \_\_\_\_\_

**INSURED'S NAME (Attach Copy of Insurance Card)** \_\_\_\_\_  
**POLICY #** \_\_\_\_\_ **GROUP # / EMPLOYER** \_\_\_\_\_

**RELATIONSHIP TO PATIENT:**  
 Self  Spouse  
 Child  Other

**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"/>			

 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