GI PATHOLOGY

PPS Use Only:
Tech Initial:______
Result ID:______
Date/Time:______

PPS Accessioning Department Only

PATIENT INFORMATION

Last Name			First Name	M.I.
Street Address				Apt. #
City			State	Zip
Patient Phone Number			Patient Social Security Number	
Date of Birth / /	Age	Sex	Client ID #	

BILLING / INSURANCE (or attach copy of insurance card - both sides)

☐ Bill Patient Insurance *(Attach copy of insurance card, both sides)*

☐ Bill Patient directly/No insurance ☐ Bill physician facility

ICD-10 CODE (Required)

NOTICE

For the following diagnoses, biomarker testing will be performed, per NCCN and CAP/ASCO guidelines: Breast adenocarcinoma (ER/PR/HER2); Colorectal cancer (MMRd by IHC); Adeno NSCLC (PD-L1, EGFR mutation analysis).

SPECIMEN SITE

ESOPHAGUS / STOMACH / DUODENUM

Bottle #								
Biopsy								
Polyp								
Esophagus								
Centimeter								
Cardia/Fundus								
Antral Body								
Body								
Antrum								
Duodenum 2nd								
Duodenum 3rd								
Other								

LARGE BOWEL / SMALL BOWEL

Bottle #								
Biopsy								
Polyp								
Ileum								
Ileocecal valve								
Cecum								
Ascending								
Hepatic Flexure								
Transverse								
Splenic Flexure								
Descending								
Sigmoid								
Rectum								
Other								

CLIENT INFORMATION

Treating Physician	UPIN #

Physician's Signature X______

Send Duplicate of Report to:

Name ______

Address/Fax ______

COLLECTION INFORMATION

Date:______ Time:______

Fixation Time:______

CLINICAL HISTORY (check all that apply)

☐ Family HX of Cancer
☐ HX of Cancer
☐ Anemia
☐ NSAID Usage
☐ HX of Barrett's Esophagus
☐ Dyspepsia
☐ Heartburn
☐ Reflux
☐ HX H. Pylori
☐ Nausea/Vomiting
☐ GERD
☐ Diarrhea
☐ Rectal Bleeding
☐ Bleeding
☐ Hem Pos Stool
☐ HX of Polyps
☐ HX Idiopathic Inflammatory Bowel Disease
☐ Other:______

POST-OPERATIVE DIAGNOSIS

COMMENTS

VILLAGE OAKS PATHOLOGY SERVICES, PA dba PRECISION PATHOLOGY SERVICES
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