PRECISION PATHOLOGY LABORATORY
"A Spirit of Excellence"

GI PATHOLOGY

PPLS Use Only:
Tech Initial:_____
Result ID:_____
Date/Time:_____

PPLS 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).

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

Client Name: _____
Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
Email: _____

Treating Physician | UPIN #

Physician's Signature X _____

Send Duplicate of Report to:

Name _____
Address/Fax _____

SPECIMEN SITE

COLLECTION INFORMATION

Date:_____ Time: _____
Fixation Time:_____

CLINICAL HISTORY (check all that apply)

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

POST-OPERATIVE DIAGNOSIS

COMMENTS

PRECISION PATHOLOGY LABORATORY SERVICES
3300 NACOGDOCHES, STE 110, SAN ANTONIO, TX 78217
TEL: 210-646-0890 • FAX: 210-646-9191 • www.precisionpath.us • CAP No. 7221111

PPLS COPY

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Phone: _____

Fax: _____

Email: _____

Treating Physician | UPIN #

Physician's Signature X _____

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Name _____

Address/Fax _____

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