MPA
MORRISTOWN PATHOLOGY ASSOCIATES
MORRISTOWN, NJ • 973-971-5289

GI PATHOLOGY REQUISITION

PATIENT

NAME: Last / First	
STREET / APT #:	
CITY / STATE / ZIP:	
PHONE #:	DATE OF BIRTH:
SOCIAL SECURITY #:	SEX: ☐ Male ☐ Female

BILLING INFORMATION ATTACH INSURANCE FACE SHEET IF AVAILABLE

INSURANCE - PRIMARY *Please attach copy of insurance card*

CARRIER:		SUBSCRIBER: DOB:	
☐ Commercial ☐ HMO ☐ Medicare ☐ Medicaid		INSURANCE ID #:	GP #:

INSURANCE - SECONDARY

CARRIER:	INSURANCE ID #:

PROCEDURE DATE:	
PHYSICIAN	**DOCTOR NAME:**
PRE-OPERATIVE DX/ ICD 9 CODE:	

CLINICAL INFO: _____

CLINICAL INFORMATION

ICD.9 CODES

☐ Dysphagia	787.2	☐ Constipation	564.0	☐ HIstory of Colon Cancer	Vi6.0
☐ Heartburn	787.1	☐ Diarrhea	564.5	☐ Ulcerative Colitis	556.9
☐ Nausea	787.02	☐ Abdominal pain	789.0	☐ Barrett's Esophagus	530.85
☐ Reflux	536.8	☐ Change in bowel habits	787.99	☐ Crohn's Disease	555.9
☐ Dyspepsia	536.8	☐ Bleeding	578.9	☐ History of Dysplasia	
☐ Vomiting	787.03	☐ Polyp surveillance	V12.72	☐ History of Peptic Ulcer	
☐ Occult heme	792.1	☐ Other _____		☐ History of H. Pylori	

UPPER GI BIOPSIES

ESOPHAGUS	Spec#	From	Endoscopic Findings	
☐ Upper	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Mid	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Lower	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ G-E jct	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
STOMACH/DUODENUM/JEJUNUM				
☐ Cardia	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Fundus	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Antrum	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Pylorus	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Duod bulb	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Duod. 2nd Portion	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Jejunum/Small bowel	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____

LOWER G-I BIOPSIES

	Spec#	From	Endoscopic Findings	
☐ T. Ileum	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Ileo-cecal valve	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Cecum	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Ascend colon	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Hepatic flexure	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Transverse colon	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Splenic flexure	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Descending colon	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Sigmoid colon	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____
☐ Rectum	_____	___ cm	NI/Eryth/Ulcer/Mass/Polyp	Other _____

PATIENT AUTHORIZATION: _____
PATIENT SIGNATURE

PHYSICIAN SIGNATURE _____ UPIN # _____

NOT PART OF PERMANENT RECORD

LAB USE ONLY