4path Pathology Services
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CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

For Test Info
Scan Me

Gastrointestinal (GI) Test Requisition Form

Ordering Physician/Laboratory

(Required: Include the ordering physician's first & last name, NPI, practice name, complete address, phone number and fax number.)

Physician to receive additional result report:

Physician's Signature: | Date:

Patient Information (Please Print)

Name (Last, First) (Required):

In Care of:

Patient Address:

City: | State: | Zip:

Assigned Sex at Birth (Required): ☐ Female ☐ Male | Date of Birth (Required): | Patient ID#:

Phone Number: ☐ Cell Phone ☐ Home Phone

Race: ☐ Alaska Native or American Indian ☐ Asian ☐ Black or African American ☐ Multiracial ☐ Native Hawaiian or other Pacific Islander ☐ Other race ☐ White ☐ Does not wish to disclose ☐ Not provided

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown

Gender Identity: ☐ Male ☐ Female ☐ Gender nonconforming ☐ Transgender male-to-female ☐ Transgender female-to-male ☐ Does not wish to disclose ☐ Not provided ☐ Not applicable

Sexual Orientation: ☐ Bisexual ☐ Straight ☐ Gay or Lesbian ☐ Something else ☐ Does not wish to disclose ☐ Not provided ☐ Not applicable

Billing Information (Please include a copy of the front & back of card.)

Billing Type: ☐ Patient ☐ Insurance ☐ Client | Relation (Required): ☐ Self ☐ Spouse ☐ Dependant

Insured's Name (if not patient):

Insured's SS#: | Insured's DOB:

Primary Insurance Carrier: | Medicare, Medicaid or Policy ID#:

Claims Address:

Employer/Group Name: | Group#:

Biopsy Information

ICD10 codes (required):`

Date Collected (Req.):	Time Collected:	Collector Signature:	No. vials collected:

Type:

☐ Adenoma ☐ Barrett's Esophagus ☐ Cancer ☐ Candida ☐ Crohn's ☐ Dysplasia ☐ Eosinophilic Esophagitis ☐ Fungi ☐ *H. pylori* ☐ Hepatitis ☐ IBD ☐ Lymphoma ☐ Microscopic Colitis ☐ Proctitis ☐ Sprue ☐ Steatohepatitis ☐ Other:

Endoscopic Finding Code:

1. Normal
2. Edema
3. Barrett's Mucosa
4. Granular
5. Nodular
6. Friable
7. Abn. Vascular Pattern
8. Hyperemia
9. Telangiectactic
10. Punctate Hemorrhage
11. Hemorrahgic
12. Erosion
13. Ulcer
14. Stricture
15. Polyp
16. Polyposis
17. Mass
18. Submucosal Nodule
19. Pseudomembrane
20. Other:

Anatomic Site of Biopsy: Container	Organ & Site	Distance (cm)	Endoscopic Finding (see codes above)
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Special Stains For:

☐ *H. pylori* ☐ Fungus ☐ TB ☐ Virus ☐ Other:

Intestinal Pathogens - *OneSwab*® Loose Stool, Rectal Swab, No Lubricant

Common ICD10 codes (required):

R19.7 ☐ Diarrhea, unspecified
R10.9 ☐ Unspecified abdominal pain
R11.2 ☐ Nausea with vomiting, unspecified
☐ Other:_____

365 ☐	*Campylobacter jejuni*	310 ☐	*Helicobacter pylori*
162 ☐	*Clostridium difficile* (Toxins A and B)	274 ☐	Human Rotavirus A
371 ☐	*Cryptosporidium parvum*	158 ☐	*Listeria monocytogenes*
372 ☐	*Entamoeba histolytica*	272 ☐	Norwalk virus (Norovirus)
168 ☐	*Escherichia coli* (O157 and Shiga toxin)	160 ☐	Salmonella
370 ☐	*Giardia intestinalis*	161 ☐	Shigella

Gastrointestinal Oncology Testing

ICD10 codes (req.): | Date Collected (Req.): | Specimen Source: ☐ Saliva ☐ Whole Blood ☐ FFPE Resected Tumor Tissue

Informed Consent form must accompany specimen

Hereditary Genetics - Saliva or Whole Blood

2606 ☐ Hereditary Colorectal Cancer Panel: 26 genes (ATM, APC, AXIN2, BLM, BMPR1A, CDH1, CHEK2, EPCAM*, FLCN, GALNT12, GREM1, MLH1, MSH2, MSH3, MSH6, MUTYH, NTHL1, PMS2, POLD1, POLE, PTEN, RNF43, RPS20, SMAD4, STK11, TP53) by Gene Sequencing with Deletion/Duplication Analysis

2607 ☐ Hereditary Gastric Cancer Panel: 15 genes (APC, BMPR1A, CDH1, EPCAM*, MLH1, MSH2, MSH6, NF1, PMS2, SDHB, SDHC, SDHD, SMAD4, STK11, TP53) by Gene Sequencing with Deletion/Duplication Analysis

2608 ☐ Hereditary Pancreatic Cancer Panel: 16 genes (APC, ATM, BMPR1A, BRCA1, BRCA2, CDK4, CDKN2A, EPCAM*, MLH1, MSH2, MSH6, PALB2, PMS2, SMAD4, STK11, TP53) by Gene Sequencing with Deletion/Duplication Analysis

2602 ☐ Lynch Syndrome Gene Panel: 5 Genes (EPCAM*, MLH1, MSH2, MSH6, PMS2) by Gene Sequencing with Deletion/Duplication Analysis

*Deletion/Duplication Analysis of Exon8-9 only

Pharmacogenomic Testing

ICD10 codes (req.): | Date Collected (Req.): | Specimen Source: ☐ Saliva ☐ Whole Blood

Informed Consent form must accompany specimen

GASTRINTESTINAL MALIGNANCIES

3306 ☐ **Platinum Derivatives**-Carboplatin, Cisplatin, Oxaliplatin, Platinum Compounds (gen) (ABCB1, ABCG2, CYP3A5, MTHFR, TPMT)

3308 ☐ **Taxanes**-Docetaxel, Paclitaxel, Taxanes (gen) (ABCB1, CYP2C8, CYP3A4, CYP3A5, SLCO1B1)

3309 ☐ **Topoisomerase Inhibitors**-Etoposide, Irinotecan (ABCB1, SLOC1B1, UGT1A1)

3310 ☐ **Uracil Derivatives**-Capecitabine, Fluorouracil, Folfox, Folox, Leucovorin, Tegafur, Xelox (ABCB1, ABCG2, DPYD, MTHFR, SLCO1B1)

3311 ☐ **Antiemetics**-Dolasetron, Granisetron, Ondansetron (ABCB1, CYP2D6, CYP3A5)

IMMUNOLOGY / IMMUNE MODULATION

3604 ☐ **Gastritis and Colitis**-Esomeprazole, Lansoprazole, Loperamide, Omeprazole, Pantoprazole, Rabeprazole, Tacrolimus (ABCB1, CYP2C19, CYP3A4, CYP3A5)

3605 ☐ **Inflammation**-Anti-inflammatories (gen), Celecoxib, Dexamethasone, Diclofenac, Flurbiprofen, Lornoxicam, Meloxicam, Prednisone/Prednisolone (ABCB1, CYP2C9,COMT, DBH, OPRM1)

Confirmation of Informed Consent and Medical Necessity for Pharmacogenomic Genetic Testing

My signature below acknowledges the patient has been informed about the purpose, limitation and possible risks of genetic testing. The patient has been given the opportunity to ask questions about this consent and seek outside genetic counseling.

If the genetic testing is covered by the patient's health plan and the out-of-pocket expense is less than $150.00, testing will proceed without further delay or additional contact. The patient's signed informed consent is being provided with this requisition. I confirm that this testing is medically necessary for the specified patient and that these results will be used in the medical management and treatment decisions for this patient.

Medical Professional Signature (Req.):_____ Date: _____

Other Tests/Panels:

ICD10 codes (required):

For a full menu of testing, please visit www.mdlab

Medical Necessity Guidelines:

Physicians must only order tests that they have determined are medically necessary for the diagnosis and treatment of a patient. MDL offers individual tests, as well as a limited number of customized panels. MDL provides practitioners with the flexibility to choose appropriate individual tests for each specimen to assure that the convenience of ordering panels does not impede them from ordering tests/panels that are medically necessary. All tests listed in panels may be ordered individually using this test requisition form. If you choose to order a panel, please make certain that each and every test is medically necessary. If you check off a panel as your choice, MDL understands that the physician has determined that all of the component tests are medically necessary, and will perform, report and bill for all such component tests.

OneSwab® is registered in the USPTO.

Specimen Collection Platform		TAT*	Stability	Test Additions¥	Specimen Collection
Biopsies		3 - 5 days	7 days	30 days to add tests	• Collect specimen and insert into the formalin vial. • The following times must documented on the test requisition form: ° Time of specimen removal from patient ° Time when specimen was placed into formalin
Loose Stool, Rectal Swab		24 - 72 hours	7 days	30 days to add tests	• Collect specimen with the sterile *OneSwab*® provided. • Insert swab into the transport media, break off swab handle, and tightly re-secure the cap on the transport media vial.
Whole Blood	Yellow Top Tube (ACD Solution A)	3-5 days	48 hours	30 days to add tests	1. In accordance with the standard operating procedure of your facility, collect blood in two yellow top (ACD solution A) tubes. 2. Allow the tubes to fill properly to ensure the proper blood to anticoagulant ratio. 3. Invert gently several times to mix and prevent clot formation. Do not shake the tubes. Do not centrifuge.
Saliva		5 - 10 days	48 hours	30 days to add tests	• **Vigorously rinse mouth with clean water 5 minutes prior to specimen collection (30 minutes prior is ideal).** • **After rinsing, do not brush teeth, use mouthwash, eat, drink, chew gum or smoke prior to sample collection.** 1. Begin collecting your sample by allowing saliva to pool in your mouth. Then spit into the wide funnel of the tube allowing saliva to collect in the upper chamber of the tube. Fill the tube until the amount of saliva (not bubbles) reaches the fill line as shown. 2. Once filled, unscrew the funnel allowing the saliva to flow into the lower chamber of the tube containing the stabilizing solution. Discard the funnel. 3. Use the blue cap to close the tube tightly. Shake the capped tube for 5 seconds.

** Up to 72 hours with reflex/antiobiotic resistance testing* *¥ Pending QC review for sufficient specimen volume*

Specimen Packaging:

1. Label every vial with a minimum of 2 patient identifiers including the patient's name and date of birth. Be sure the name on the vial is written exactly the same way as on the test requisition form.
2. Place the vial into the Styrofoam/Cardboard container. You can fit up to 3 vials in one container.
3. Place the Styrofoam/Cardboard container into the central pocket of a biohazard bag containing absorbent material.
4. Place a completed test requisition form for each vial in the front pocket of the biohazard bag.
5. Place the biohazard bag into the prepaid Lab pack Envelope that has a preaddressed airbill attached. One envelope will accommodate 6-7 containers. Package as many containers in one Labpack as possible.
6. Be sure to seal the Lab pack by removing the plastic from the top of the adhesive.

Specimen Pick-up:

- If you have a specimen pick-up for a local courier in the NJ, PA, DE, D.C., MD, VA, KS, MO or Phoenix, AZ area, please call (877) 205-0005 no later than 2 hours prior to the closing of your facility.
- If you have a specimen pick-up, please call your sales representative or MDL customer service at 877.269.0090 no later than 2 hours prior to the closing of your facility.

Helpful Hints Checklist

Please review these helpful hints to reduce specimen discrepancies and enhance turnaround time.

Verify Patient Name - did you:
- ✓ attach the correct demographics sheet?
- ✓ write the patient's name on the requisition form?

Patient Name Matches on Vial & Requisition Form- did you:
- ✓ make sure names on vial and requisition form match?
- ✓ list the patients married or maiden name?
- ✓ list a nickname by mistake?

Verify Date of Collection- did you:
- ✓ write the correct year?
- ✓ write the correct month?
- ✓ list the date of birth instead?

Verify Tests- did you:
- ✓ clearly mark each box?
- ✓ order tests appropriate for the specimen type?

No Tests Ordered- did you:
- ✓ mark the boxes for the tests/panels ordered?

Supply Orders:

Easily place supply orders online by visiting our website:

http://www.mdlab.com/physicians/supplies/#

Supply orders may also be placed by contacting our Client Services department toll free 877.269.0090 or by fax 609.570.1050. Supply requests are processed and shipped on a daily basis. Please allow 3 to 5 business days for delivery, depending upon your location.

MDL Contact Information	TOLL FREE	FAX
GBS Hotline *24 hours - 7 days a week* *Group B Strep & HSV results only*	877.MDL.GBS7 877.635.4277	
Quality Control Department *For Technical Assistance*	877.269.0090	609.245.7665
Client Services *General Questions, Results*	877.269.0090	609.570.1050
Client Services *Billing Questions*	877.333.9233	609.245.7683