



FISH Requisition

Date Specimen Collected: _____ **Time Specimen Collected:** _____ **STAT** _____

Laboratory Use Only
Accession Number _____ Date Received _____ Time Received _____

Group/Practice Name _____ **Practice Contact Information**
Ordering Physicians _____ Address Line 1 _____ Phone _____
_____ Address Line 2 _____ Fax _____
_____ City, State, Zip _____ Other _____

Patient and Insurance Information
(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name _____ Last Name _____ MI _____ DOB _____ Gender _____
Address Line 1 _____ Address Line 2 _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Race* _____ Ethnicity* _____

Insured's Name _____ Relationship to Patient _____ Social Security # _____
Home Phone _____ Cell Phone _____ DOB _____ Gender _____

Primary Insurance Group # _____ ID# _____ Address _____ City _____ State _____ Zip _____	Secondary Insurance Group # _____ ID# _____ Address _____ City _____ State _____ Zip _____
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Test Panels

Barrett's Esophagus FISH Panel Anorectal TERC FISH Panel

Source

Jar 1 Pan Brushings _____ **Descriptive Findings** _____
Jar 2 Nodular Brushings (if present) _____
Other _____

Fixative (Please select one)

Cytology

ThinPrep® _____ Alcohol-fixed _____ Other _____	Comments _____ _____	Esophageal Brushing _____ Anorectal Brushing _____ Other _____	Gastric Brushing _____
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Anatomic Histology

Specimen Source/Site of tissue A. _____ B. _____ C. _____ D. _____	Comments _____ _____ _____
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ICD-10 Codes

E73.0 Congenital Lactase Deficiency E73.0 Other Lactose Intolerance E74.31 Congenital Sucrase Isomaltase Deficiency E73.9 Lactose Intolerance, Unspecified K20.90 Esophagitis, unspecified without bleeding K21.0 GERD with Esophagitis	K21.9 GERD without Esophagitis K22.70 Barrett's Esophagus without Dysplasia K22.710 Barrett's Esophagus with Low Grade Dysplasia K22.711 Barrett's Esophagus with High Grade Dysplasia K22.719 Barrett's Esophagus with Dysplasia, unspecified	K22.89 Other specified disease of esophagus K25.3 Acute gastric ulcer without hemorrhage or perforation K31.89 Other diseases of stomach and duodenum R10.13 Epigastric pain Other _____
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Physician Signature (Required for Testing) _____ Accessioner Initials _____
1 _____ 2 _____

*Race and Ethnicity are required by certain states and the CDC
ICD-10 Codes are listed for information purposes only. It is the provider's responsibility to order tests that are medically necessary and in the best interest of the patient.