



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 Gastric Brushing Anorectal Brushing Other _____
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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 | K21.9 GERD without Esophagitis | K22.89 Other specified disease of esophagus |
| E73.0 Other Lactose Intolerance | K22.70 Barrett's Esophagus without Dysplasia | K25.3 Acute gastric ulcer without hemorrhage or perforation |
| E74.31 Congenital Sucrase Isomaltase Deficiency | K22.70 Barrett's Esophagus with Low Grade Dysplasia | K31.89 Other diseases of stomach and duodenum |
| E73.9 Lactose Intolerance, Unspecified | K22.71 Barrett's Esophagus with High Grade Dysplasia | R10.13 Epigastric pain |
| K20.90 Esophagitis, unspecified without bleeding | K22.719 Barrett's Esophagus with Dysplasia, unspecified | Other _____ |
| K21.0 GERD with Esophagitis | | |

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.