

FISH Requisition

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

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

Practice Name _____ **Practice ID** _____ **Practice Contact Information**
Address _____
City, State, Zip _____
Phone _____ **Fax** _____

Ordering Physicians _____ _____ _____
 _____ _____ _____

Surgery Center _____ **Address** _____ **Phone** _____ **Fax** _____

Patient and Insurance Information

(Currently Not Accepting Medicaid or Managed Medicaid Plans - Contract Pending)

First Name _____ **Last Name** _____ **Middle Initial** _____ **Gender*** _____
Address Line 1 _____ **Address Line 2** _____ **City** _____ **State** _____ **Zip** _____
DOB _____ **Cell/Home Phone** _____ **Email** _____
Gender Identity* _____ **Race*** _____ **Ethnicity*** _____ **Sexual Orientation*** _____
Insured's Name _____ **Relationship to Patient** _____ **Social Security #** _____
Home Phone _____ **Cell Phone** _____ **DOB** _____ **Gender** _____
Primary Insurance _____ **Secondary Insurance** _____
Group # _____ **ID#** _____ **Group #** _____ **ID#** _____
Address _____ **Address** _____
City _____ **State** _____ **Zip** _____ **City** _____ **State** _____ **Zip** _____

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® **Comments** _____ Esophageal Brushing Gastric Brushing
 Alcohol-fixed _____ Anorectal Brushing
 Other _____ Other _____

Anatomic Histology

Specimen Source/Site of tissue	Comments
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____

ICD-10 Codes

<input type="checkbox"/> C15.3 Malignant neoplasm of upper third of esophagus	<input type="checkbox"/> C21.0 Malignant neoplasm of anus, unspecified	<input type="checkbox"/> K22.710 Barrett's esophagus with low grade dysplasia
<input type="checkbox"/> C15.4 Malignant neoplasm of middle third of esophagus	<input type="checkbox"/> C21.8 Malignant neoplasm of overlapping sites of rectum, anus and anal canal	<input type="checkbox"/> K22.711 Barrett's esophagus with high grade dysplasia
<input type="checkbox"/> C15.5 Malignant neoplasm of lower third of esophagus	<input type="checkbox"/> K21.00 Gastro-esophageal reflux disease with esophagitis, without bleeding	<input type="checkbox"/> K22.719 Barrett's esophagus with dysplasia, unspecified
<input type="checkbox"/> C16.0 Malignant neoplasm of cardia	<input type="checkbox"/> K21.01 Gastro-esophageal reflux disease with esophagitis, with bleeding	<input type="checkbox"/> Other _____
<input type="checkbox"/> C16.1 Malignant neoplasm of fundus of stomach	<input type="checkbox"/> K22.70 Barrett's esophagus without dysplasia	
<input type="checkbox"/> C16.2 Malignant neoplasm of body of stomach		
<input type="checkbox"/> C18.9 Malignant neoplasm of colon, unspecified		

This test is medically necessary for the diagnosis or detection of a disease, illness, impairment, symptom, syndrome or disorder. The results will determine my patient's medical management and treatment decisions. The person listed as the ordering provider is authorized by law to order the test(s) requested herein.

Signature of Physician or Other Authorized NPI Provider (REQUIRED) _____ **Date** _____ **Accessioner Initials** 1 _____ 2 _____

*Gender, Gender Identity, Race, Ethnicity, and Sexual Orientation 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. For specimen pick up please call our Courier Line at 732-508-9154. Revised 09/27/24