

**FISH Requisition**

**Date Specimen Collected:** \_\_\_\_\_ **Time Specimen Collected:** \_\_\_\_\_ **STAT**

**Laboratory Use Only**  
Accession Number \_\_\_\_\_ Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

Practice Name \_\_\_\_\_ Practice  \_\_\_\_\_ **Practice Contact Information**  
Address \_\_\_\_\_  
Ordering Physicians  \_\_\_\_\_  \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  
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"/> C21.8 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"/> C15.4 Malignant neoplasm of middle 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"/> C15.5 Malignant neoplasm of lower third of esophagus	<input type="checkbox"/> K21.01 Gastro-esophageal reflux disease with esophagitis, with bleeding	<input type="checkbox"/> Other _____
<input type="checkbox"/> C16.0 Malignant neoplasm of cardia	<input type="checkbox"/> K22.70 Barrett's esophagus without dysplasia	<input type="checkbox"/> Other _____
<input type="checkbox"/> C16.1 Malignant neoplasm of fundus of stomach	<input type="checkbox"/> K22.710 Barrett's esophagus with low grade dysplasia	<input type="checkbox"/> Other _____
<input type="checkbox"/> C16.2 Malignant neoplasm of body of stomach		
<input type="checkbox"/> C18.9 Malignant neoplasm of colon, unspecified		
<input type="checkbox"/> C21.0 Malignant neoplasm of anus, 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, Cell/Home Phone, Gender Identity, Race, Ethnicity, and Sexual Orientation are required by certain states and/or 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.