



For specimen pick up, please call 352-308-8903

PATIENT INFORMATION

Form with fields for Name (First, Last), Sex, Birth Date, Social Security#, Hosp./Clinic#, Street Address/Apt.#, City, State, Zip, Phone (Home), and (Work).

Date of collection: _____ Time of collection: _____

PHYSICIAN INFORMATION

Large empty box for Physician Information.

PRIMARY INSURANCE Self Pay Insurance Bill Client

Form with fields for Insurance Company, Subscriber/Member#, Group#, Claim Address, City, State, Zip.

SECONDARY INSURANCE None

Form with fields for Insurance Company, Subscriber/Member#, Group#, Claim Address, City, State, Zip.

CLINICAL INFORMATION

- Checkboxes for various clinical conditions: Esophagitis, Barrett's Esophagus, Esophageal Reflux, Family History of Colonic Polyps, Personal History of Colonic Polyps, Hiatal Hernia, Dysphagia, Celiac Disease, Gastric Ulcer, Gastric Polyps, Unspecified Gastritis, Duodenitis, Ulcerative Colitis, Colitis, NOS, Change in Bowel Habit, Diarrhea, Blood in Stool, Divericulosis, Colon Polyps, Mass.

RULE-OUT THESE CONDITIONS

- Checkboxes for conditions to rule out: Amyloid, Barrett's Esophagus (Reflex to FISH), Carcinoma, Celiac Sprue, Crohn's Disease, Cytomegalovirus, Eosinophilic Esophagitis, Fungi, H. Pylori, Herpes Simplex Virus, Lymphoma, Mastocytic Enterocolitis, Microscopic Colitis, Ulcerative Colitis, LYNCH SYNDROME TEST, PCR GI Panel.

CLINICAL HISTORY

BIOPSY DATA:

UPPER GI

SPECIMEN TYPE:

SPECIMEN LOCATION:

Table with columns for Specimen Label, Biopsy, Polyp Biopsy, Polyp-ectomy, Random Biopsy, Cytology/Brushing, and columns for ESOPHAGUS, STOMACH, SMALL INTESTINE, Duodenum, Duodenum Bulb, Site-Other, and ENDOSCOPIC FINDINGS.

LOWER GI

SPECIMEN TYPE:

SPECIMEN LOCATION:

Table with columns for Specimen Label, Biopsy, Polyp Biopsy, Polyp-ectomy, Random Biopsy, Cytology/Brushing, and columns for ILEUM, COLON, and ENDOSCOPIC FINDINGS.