



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

PATIENT INFORMATION

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

Date of collection: _____ Time of collection: _____

PHYSICIAN INFORMATION

Blank area for physician information

PRIMARY INSURANCE Self Pay Insurance Bill Client

Please include a copy of insurance card and patient ID. Insurance Company, Subscriber/Member#, Group#, Claim Address, City, State, Zip

SECONDARY INSURANCE None

Insurance Company, Subscriber/Member#, Group#, Claim Address, City, State, Zip

CLINICAL INFORMATION

- 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

- 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

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, ESOPHAGUS (Esophagus, EG Junction), STOMACH (Stomach, Cardia, Fundus), SMALL INTESTINE (Body, Antrum/Pylorus, 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, ILEUM (Ileum, Ileocecal (IC) Valve, Colon), COLON (Cecum, Ascending, Hepatic/Flexure, Transverse, Splenic Flexure, Descending, Sigmoid, Recto-Sigmoid, Rectum, Anus), Site-Other, and ENDOSCOPIC FINDINGS.