



# Sterling Pathology

National Laboratories

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CLIA 05D1012129



G000001

## Gastroenterological Pathology Requisition

Phone: 1-562-799-8900  
Fax: 1-562-799-8901  
Toll Free: 1-800-899-8480  
FedEx: 1-800-463-3339

### PHYSICIAN INFORMATION

**AUTHORIZED SIGNATURE** \_\_\_\_\_

Copy of report to: Dr. \_\_\_\_\_ Address \_\_\_\_\_ Fax # \_\_\_\_\_

### PATIENT INFORMATION

Please write or affix label

Name (Last, First, Middle) \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_ SSN/MR # \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### BILLING INFORMATION

Please attach face sheet or copy of insurance

Bill:  Insurance  Medicare  Medicaid  Patient  Client Bill

Primary Insurance Carrier \_\_\_\_\_ Policy # / ID # \_\_\_\_\_

Secondary Insurance Carrier \_\_\_\_\_ Policy # / ID # \_\_\_\_\_

### CLINICAL INFORMATION

#### I. Clinical Impression

- Abdominal pain  Constipation  Heartburn  Reflux
- Anemia  Diarrhea  Indigestion  Vomiting
- Bloating  Early Satiety  Nausea  Weight loss
- Chest pain  Epigastric pain  Occult GI bleeding  \_\_\_\_\_

II. Status:  New diagnosis  Follow up  Residual disease

ICD-9 Code \_\_\_\_\_

III. Prior Pathology:  Biopsy  Surgery

#### IV. Endoscopic Findings

- 1. Erosion  5. Nodularity  9. Pseudomembrane
- 2. Erythema  6. Normal  10. Ulcer
- 3. Granularity  7. Polyp  11. Stricture
- 4. Mass  8. Polyposis

### SPECIMEN INFORMATION

Collection or Surgery Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### EGD Sites

#### Colonoscopy Sites

#	Site	Findings	Comments
_____	Duodenum	_____	_____
_____	Antrum	_____	_____
_____	Body	_____	_____
_____	Fundus	_____	_____
_____	GE Junction	_____	_____
_____	Esophagus	_____	_____
_____	Mid Esophagus	_____	_____

#	Site	Findings	Comments
_____	Terminal Ileum	_____	_____
_____	Cecum	_____	_____
_____	Ascending	_____	_____
_____	Transverse	_____	_____
_____	Descending	_____	_____
_____	Sigmoid	_____	_____
_____	Rectum	_____	_____

### SUPPLY REQUEST

For additional supplies please contact client services at 1-800-899-8480

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