



Sterling Pathology
National Laboratories

**Gastrointestinal
Pathogen Panel (GPP)
Requisition Form**

Internal use only

PATIENT DEMOGRAPHICS

Specimen Collection Date (MM/DD/YYYY): ____/____/____		Specimen Collection Time: ____:____ AM/PM	
Patient Last Name	Patient First Name		Date of Birth
Patient Street Address	City	State	Zip Code
Patient Phone #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Ethnicity
Facility Name	Ordering Physician	Physician NPI#	

GASTROINTESTINAL PATHOGEN PANEL (GPP)

Complete Gastrointestinal Pathogen Panel (GPP): (Check all the apply)

Bacteria:

- ☐ *Campylobacter* spp.
- ☐ *Clostridium difficile* (toxin A/B)
- Escherichia coli* O157
- Enterotoxigenic *E.coli* (ETEC) LT/ST
- Enteroaggregative *E.Coli* (EAEC)
- Salmonella* SPP

- ☐ Shiga-like Toxin producing *E.coli* (STEC) stx1/stx2
- Shigella*/Enteroinvasive *E.coli* (EIEC)
- Vibrio* spp.
- Vibrio parahaemolyticus*
- Yersinia enterocolitica*

Viruses:

- Adenovirus 40/41
- Norovirus GI/GII
- Rotavirus A

Parasites:

- Cryptosporidium*
- Entamoeba histolytica*
- Giardia Lamblia*

BILLING INFORMATION

Payment and Insurance Information:

Name of Person Insured	Relationship to Insured	DOB of Insured
------------------------	-------------------------	----------------

MEDICAL NECESSITY (Please check all that apply) :

- ☐ Screening for pathogen exposure
- ☐ Current Symptoms: _____

GPP DIAGNOSIS ICD-10 CODES

- ☐ R19.7 Diarrhea, unspecified
- ☐ R19.4 Change in bowel habit
- ☐ A08.2 Adenoviral enteritis
- ☐ A08.0 Rotaviral enteritis
- ☐ A02.0 Salmonella enteritidis
- ☐ A04.0 Enteropathogenic *Escherichia coli* infection
- ☐ K59.1 Functional Diarrhea
- ☐ K58.0 Irritable bowel syndrome with diarrhea

Additional ICD-10 codes:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

I request and authorize Sterling Pathology to perform the designated test(s) on the sample provided by me. My signature below constitutes my acknowledgment that I have been informed of the benefits and limitations of this testing which have been explained to my satisfaction by a qualified health professional. **Assignment of Benefits:** I hereby authorize Sterling Pathology or its affiliate to bill my insurance company and receive payment from them on my behalf. I acknowledge, however, that I am responsible for payment of my account and any and all charges associated with its collection. I hereby authorize my insurance company to pay the company directly for services rendered. **Appeal Authorization:** In the event of an underpayment or denial by my insurance carrier, I hereby authorize the company or their designee, to appeal my health plan on my behalf to provide the actions and information necessary to overturn the denial or receive reimbursement for the underpaid claim. This authorization shall remain valid until the charges for the orders on this form are paid in full. **Donor Signature:** I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen used was sealed in my presence; and that the information provided on this form and on the label affixed to each specimen is correct. I authorize the release of the results to the ordering clinician, authorized client/representative, or prescribing/attending physician. I authorize Sterling Pathology or its affiliates to release any information required for billing purposes. I acknowledge Sterling Pathology or its affiliates may be an out of network provider with my insurer. I also agree that in a case where my insurance provider sends payment directly to me, I will endorse the insurance check and forward to Sterling Pathology within 30 days.

Print Patient Name	Patient Signature	Date
Physician Certification: I hereby request and authorize reference/testing lab to utilize this information to perform GPP testing for the indicated patient. I certify that I have explained GPP testing to the patient indicated in this requisition form. I also certify that I will only use and disclose test results as permitted by law.		
Physician Authorizing Name	Physician Authorizing Signature	Date