PATHFINDER LABS, LLC.

11500 WEST OLYMPIC BOULEVARD, SUITE 623
LOS ANGELES, CA 90064
PHONE: 424-273-4063 FAX: 424-273-4680

Gastroenterology Requisition Form

COLLECTION INFORMATION

Ordering Physician:	Date & Time Specimen Collected:

Referring Physician. ***Please provide Referring Physician Information (i.e. Address, phone, Fax #) to ensure report can be sent to correct office:***

PATIENT INFORMATION

Last	First	DOB	Sex M F	SS#
Street Address				Home Ph:
City	State	Zip Code		Work Ph:

INSURANCE INFORMATION

Copy of Insurance Card and Driver's License/Face sheet MUST ALWAYS be submitted.

CLINICAL INFORMATION AND ICD-10 CODES

☐Abdominal Pain ☐Nausea & Vomiting ☐Diarrhea ☐Mass ☐Gastritis ☐ Colon CA Screening

☐Weight Loss ☐Hiatal Hernia ☐Constipation ☐Reflux ☐Esophagitis ☐Immunosuppressive condition

☐Dysphagia ☐GI Bleeding ☐Ulcer ☐Change in Bowel Habits ☐NSAID Usage ☐Diverticulosis

☐Personal History of:_____ ☐Family History of:_____

Endoscopic Findings:_____

ADDITIONAL INFORMATION

TISSUE SPECIMEN(S) SUBMITTED FOR PATHOLOGY EXAMINATION

Specimen #	Biopsy Site(s)	Comments
A		
B		
C		
D		
E		
F		
G		
H		
I		
J		
K		
L		
M		
N		