



MedPath Diagnostics

Medical Pathology Laboratory

1735 North Ocean Ave, Medford, NY 11763

Requisition Form

Gastrointestinal Histopathology

#:

MedPath GI Requisition working#8 04/02/2026

Requesting Physician	Patient information	Billing information
..... Please send a duplicate report to:	Name: DOB: Gender: M / F Address: Tel:	Insurance: Insured Name: Member ID: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Referring Physician	Medical Record	Specimen Collection
Name:	EMR:	Date:
		Authorized Person ID:
Pertinent Clinical Information	CD-10 Code:

Upper GI Tract					R	I	Endoscopy findings
Esophagus prox.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R10.1	Pain localized to the upper abdomen	
middle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R10.13	Epigastric pain, Dyspepsia	
distal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R11.2	Nausea with vomiting	
EG Junction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R12.0	Heartburn	
Stomach Cardia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R13.14	Dysphagia	
Fundus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K20.9	Esophagitis, unspecified	
Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K21.9	GERD	
Antrum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K22.70	Barrett's esophagus	
Stomach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K29.70	Gastritis, R/O Pylori	
Duodenum Bulb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K29.80	Duodenitis without bleeding	
2 nd portion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K31.9	Gastropathy, other lesions	Special Requests:
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K31.7	Polyp of the stomach and duodenum	
Esophagus brushing (Use cytology vial)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K22.8	Leukoplakia, hypertrophy	
Lower GI Tract					R19.5	Occult blood in stools	
Ileum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R10.3	Pain localized to the lower abdomen	Note:
Ileocecal valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R10.9	Unspecified abdominal pain	
Colon Cecum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R11.0	Nausea	
Ascending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R14.3	Flatulence	
Transverse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R19.4	Change in bowel habit	
Splenic Flex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R19.5	Occult blood in stools	
Descending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R19.7	Diarrhea, unspecified	
Sigmoid Proximal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K52.3	Indeterminate colitis	
Middle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K51.90	Ulcerative colitis, unspecified	
Distal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K51.83	Microscopic colitis, unspecified	
Rectum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K63.5	Polyp of the colon	
Anal /Peri. Anal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	K62.8	Dysplasia of the anus	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C20	R/O malignancy	

Procedures: biopsy polypectomy excision other