

TEST REQUISITION FORM

Do not staple papers to this form

HIGHLIGHTED AREAS ARE REQUIRED - MISSING INFORMATION MAY LEAD TO DELAY

DOCTOR INFORMATION

CERTIFICATE OF MEDICAL NECESSITY / CONSENT / TEST AUTHORIZATION AND PHYSICIAN SIGNATURE: My signature constitutes a Certificate of Medical Necessity, certifies that this test information will inform the patient's ongoing treatment plan, and certifies that I am the patient's treating physician. I have explained to the patient the nature and purpose of the testing to be performed and have obtained informed consent, to the extent legally required, to permit CDx Diagnostics, Inc. (CDx) to perform the testing specified herein. My signature also authorizes CDx to select the most appropriate testing procedures to analyze the particular sample received (pursuant to CDx's Change in Test Authorization Policy) based on requisition/pathology information. I am aware that CDx may (a) retain the test results/samples/slides for an indefinite period for internal quality assurance/operations purposes, and (b) de-identify the test results/samples/slides and use or disclose such de-identified results/samples/slides for future unspecified research or other purposes.

Physician Signature

Date

x

MM / DD / YYYY

Please include copy of Endoscopy Procedure Report.

Clinical History:

☐ GERD

☐ Barrett's esophagus: ☐ Dysplasia

Other _____

Treatment History:

☐ Ablation

Other _____

Endoscopic Impression:

Salmon Colored Mucosa \geq 1 cm in length Yes / No, if yes, SCM length: _____ cm

☐ Lesion

Other _____

PATIENT / INSURANCE INFORMATION

Patient Name (First, Middle, Last)

Date of Birth

MM / DD / YYYY

Patient eMail Address

Gender

☐ M ☐ F

Phone

Patient ID / Medical Record #

Street Address

Apt #

City

State

Zip Code

☐ **Insurance - see items below** ☐ **Patient Self-pay** ☐ **Client Bill**

1. Submit copies of FRONT & BACK of primary & secondary insurance card(s)

2. Submit Demographic sheet (face sheet)

3. Full name of Policyholder

Policy holder DOB

Last Name, First Name

MM / DD / YYYY

Patient's Relationship to Policyholder: ☐ Self ☐ Spouse ☐ Child ☐ Other

ICD Code(s) - List all that apply (See reverse for partial listing)

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Prior Authorization / VA Referral Number (if applicable)

☐ Check here if the patient was a registered hospital inpatient or outpatient when the endoscopy was performed.

☐ Check here if forceps biopsy was obtained and submitted to another laboratory for analysis. (Note: We may reach out to you for these results).

Date of Collection

MM / DD / YYYY

Time of Collection

HH : MM

☐ am
☐ pm

Any test may be ordered individually.

Please write any additional test requests below.

Test #	Check	Spec #	Requested Test(s)
308	<input type="checkbox"/>		WATS Esophagus Samples – Cytopathology and Histopathology Diagnostic Testing Location (please circle): Prox / Mid / Distal / GEJ _____ cm
308	<input type="checkbox"/>		WATS Esophagus Samples – Cytopathology and Histopathology Diagnostic Testing Location (please circle): Prox / Mid / Distal / GEJ _____ cm
309	<input type="checkbox"/>		GI Forceps Sample - Histopathology Diagnostic Testing Source: _____

Place **BRUSH LABEL 1** Here

Place **BRUSH LABEL 2** Here

CS _____ Please send me: ☐ _____ (#) additional kits

PARTIAL LISTING OF ICD CODES

Commonly used ICD codes are listed below as a convenience only. CDx[®] Diagnostics provides coding information for educational purposes only, in good faith, and based upon publicly available materials. Referring Practitioner should provide the ICD code(s) that best describe the patient's clinical condition, as documented in your medical records for the date of service, even if such ICD code is not listed below. The choice of an appropriate diagnosis code is the responsibility of the clinician considering the clinical circumstances of each case. **Enter ICD Diagnostic code(s) on the front of this requisition form.**

R14.0	Abdominal distension (gaseous)
R63.4	Abnormal weight loss
K25.3	Acute gastric ulcer without hemorrhage or perforation
K29.00	Acute gastritis without bleeding
D64.9	Anemia, unspecified
K22.719	Barrett's esophagus with dysplasia, unspecified
K22.711	Barrett's esophagus with high grade dysplasia
K22.710	Barrett's esophagus with low grade dysplasia
K22.70	Barrett's esophagus without dysplasia
D13.1	Benign neoplasm of stomach
D00.1	Carcinoma in situ of esophagus
K25.7	Chronic gastric ulcer without hemorrhage or perforation
K29.30	Chronic superficial gastritis without bleeding
K44.9	Diaphragmatic hernia
K22.9	Disease of esophagus, unspecified
K22.5	Diverticulum of esophagus acquired
K22.4	Dyskinesia of esophagus
R13.14	Dysphagia, pharyngoesophageal phase
R13.10	Dysphagia, unspecified
Z09	Encounter for follow-up examination after treatment for conditions other than malignant neoplasm
K20.0	Eosinophilic esophagitis
R10.13	Epigastric pain
K22.2	Esophageal obstruction
K20.91	Esophagitis, unspecified with bleeding
K20.90	Esophagitis, unspecified without bleeding
K30	Functional dyspepsia
K25.9	Gastric ulcer, unspecified as acute or chronic, without hemorrhage or perforation
K29.70	Gastritis, unspecified, without bleeding
K21.01	Gastro-esophageal reflux disease with esophagitis, with bleeding
K21.00	Gastro-esophageal reflux disease with esophagitis, without bleeding
K21.9	Gastro-esophageal reflux disease without esophagitis
K92.2	Gastrointestinal hemorrhage, unspecified
R10.84	Generalized abdominal pain
R12	Heartburn
K92.0	Hematemesis
Z98.0	Intestinal bypass and anastomosis status
D50.9	Iron deficiency anemia, unspecified
R10.12	Left upper quadrant pain
C15.9	Malignant neoplasm of esophagus, unspecified
C15.5	Malignant neoplasm of lower third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.3	Malignant neoplasm of upper third of esophagus
R11.0	Nausea
R11.2	Nausea with vomiting, unspecified
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
K20.81	Other Esophagitis with bleeding
K20.80	Other Esophagitis without bleeding
D50.8	Other iron deficiency anemias
K22.8	Other specified diseases of esophagus
Z85.01	Personal history of malignant neoplasm of esophagus
R10.11	Right upper quadrant pain
K22.11	Ulcer of esophagus with bleeding
K22.10	Ulcer of esophagus without bleeding
R10.9	Unspecified abdominal pain
R10.10	Upper abdominal pain, unspecified