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Comprehensive Gastrointestinal Requisition

Physician Information

Patient Information

Patient Name: _____
(Last Name, First Name)

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Phone#: _____

Gender: Male Female SS#: _____

Requesting Physician's Signature

X _____

Collection Information

Collection Date: ____ / ____ / ____ Time: ____ am/pm

Collection Site: Office Home ASC Urgent Care Hospital

Billing Information (Please attach copies of all cards, front and back)

PRIMARY Billing Information Attached

Medicare Medicaid Other Insurance Self Pay Bill Ordering Physician

Insurance Carrier: _____ Policy/ID #: _____ Group #: _____

SECONDARY

Medicare Medicaid Other Insurance Self Pay Bill Ordering Physician (no ins. info needed)

ICD-10 CODE(S): _____

(REQUIRED — See list on reverse side for references)

Gastrointestinal Pathogen Panel (Swab)

Bacteria

- Campylobacter (jejuni, coli, and upsaliensis)
- Clostridium difficile (toxin A/B)
- Plesiomonas shigelloides
- Salmonella
- Yersinia enterocolitica
- Vibrio (parahaemolyticus, vulnificus, and cholerae)
- Vibrio cholerae

Diarrheagenic E. coli/Shigella

- Enteropathogenic E. coli (EPEC)
- Enterotoxigenic E. coli (ETEC) lt/st
- Shiga-like toxin-producing E. coli (STEC) stx1/stx2
- E. coli O157
- Shigella/Enteroinvasive E. coli (EIEC)

Parasites

- Cryptosporidium
- Cyclospora cayetanensis
- Entamoeba histolytica
- Giardia lamblia

Viruses

- Adenovirus F40/41
- Astrovirus
- Norovirus GI/GII
- Rotavirus A
- Sapovirus (I, II, IV and V)

Stool Diagnostic Tests*

- Calprotectin
- Fecal Helicobacter Pylori
- Fecal Pancreatic Elastase
- Lactoferrin
- Ova and Parasites

***REQUIRED: Approximately 10 scoops of fresh stool must be submitted in a sterile container.**

SPECIMEN REQUISITION & LABEL INSTRUCTIONS:

1. Fully complete requisition form with all required information.
2. Complete specimen label with patients date of birth and full name.
3. Remove label and place bar coded label VERTICALLY on the specimen vial (not on the lid).

* Please ensure the patients date of birth and full name is indicated so that both the label and requisition match. Two patient identifiers are required on each specimen submitted. The unique barcode identifies the patient with this requisition form.

Patient Consent: I authorize payment to be paid to A2Z Diagnostics, LLC shown above for laboratory testing benefits otherwise payable to me. I understand I am financially responsible to A2Z Diagnostics, LLC for charges not paid or payable under my insurance program attached. I understand that my insurance may not be able to honor this request. If they cannot, they will pay the benefits directly to me as the insured and will direct the payment to A2Z Diagnostics, LLC.

Patient Signature: _____

DIAGNOSIS/ICD-10 CODES

Note: The following diagnosis codes are listed as a convenience only. Ordering physicians should use the ICD-10 code that best describes the reason for performing the test, whether or not that code is listed below.

Diagnosis Code	Diagnosis Description
A01.00	Typhoid fever, unspecified
A02.0	Salmonella enteritis
A02.9	Salmonella infection, unspecified
A03.0	Shigellosis due to <i>Shigella dysenteriae</i>
A03.1	Shigellosis due to <i>Shigella flexneri</i>
A03.2	Shigellosis due to <i>Shigella boydii</i>
A03.3	Shigellosis due to <i>Shigella sonnei</i>
A03.8	Other shigellosis
A04.0	Enteropathogenic <i>Escherichia coli</i> infection
A04.1	Enterotoxigenic <i>Escherichia coli</i> infection
A04.2	Enteroinvasive <i>Escherichia coli</i> infection
A04.3	Enterohemorrhagic <i>Escherichia coli</i> infection
A04.5	<i>Campylobacter</i> enteritis
A04.6	Enteritis due to <i>Yersinia enterocolitica</i>
A04.71	Enterocolitis due to <i>Clostridium difficile</i> , recurrent
A04.72	Enterocolitis due to <i>Clostridium difficile</i> , not specified as recurrent
A04.8	Other specified bacterial intestinal infections
A05.0	Foodborne staphylococcal intoxication
A05.1	Botulism food poisoning
A05.2	Foodborne <i>Clostridium perfringens</i> [<i>Clostridium welchii</i>] intoxication
A05.3	Foodborne <i>Vibrio parahaemolyticus</i> intoxication
B20	Human immunodeficiency virus [HIV] disease
D89.9	Disorder involving the immune mechanism, unspecified
A04.9	Bacterial intestinal infection, unspecified
A09	Infectious gastroenteritis and colitis, unspecified
R19.7	Diarrhea, unspecified