

Corewell Health Laboratories Anatomic Pathology (AP) & Cytology Requisition

Reference Laboratory West | 35 Michigan St. Grand Rapids, MI 49503 | 24/7 Phone: 616-774-7721 | Orders Fax: 616-774-7696



Submitter and Provider Information **REQUIRED				Patient Information **REQUIRED			
Epic ID**	Institution or Epic Submitter Name**			Last Name**	First Name**	MI**	
Phone**	Fax**			Sex**	Date of Birth (DOB)**	Phone	SSN
Address	City	ST	Zip	Patient Address**		City**	State** Zip**
Authorizing Provider Name and NPI (printed)**			Fax # if different	Billing Options** Include copy of face sheet if Corewell Health is billing patient directly			
Ordering Provider Name and NPI (printed, if different from above)			Fax # if different	<input type="checkbox"/> Patient Insurance (Patient Bill) <input type="checkbox"/> Patient Self-Pay (Patient Bill) <input type="checkbox"/> Institutional Guarantor or Other (Lab still pick patient bill)			
Intraoperative Consult Direct Call Back Name***			Phone Number	Primary Insurance or Guarantor Name** Policy # or Guar ID** Group ID #			
Additional Reports to Name (CC)			Fax	Insurance or Guarantor Address			
				Insured's name	Insured's DOB	Relation to Pt.	

Note: Medicare will only pay for tests that meet the Medicare definition of "Medical Necessity". Medicare may deny payment for a test that the physician believes is appropriate, such as a screening test. Be certain the patient has signed the Advanced Beneficiary Notice (ABN) CMS-R 131 as needed. Please attach all patient and insurance information to this order.

****Provider Signature Required** Submitting a specimen with this requisition form indicates familiarity and agreement with applicable Reference Laboratory Services Policies.

Signature** Order Date**

Order and Collection Information - **REQUIRED			
Pertinent Clinical Information and Reason for Examination	Date Collected**	Time Collected**	Collector name and phone
	ICD 10 Codes or Diagnosis **		

Specimen

A. Esoph. | Stomach | Small Intestine | Colon | Rectum Polyp | Biopsy @_____

B. Esoph. | Stomach | Small Intestine | Colon | Rectum Polyp | Biopsy @_____

C. Esoph. | Stomach | Small Intestine | Colon | Rectum Polyp | Biopsy @_____

D. Esoph. | Stomach | Small Intestine | Colon | Rectum Polyp | Biopsy @_____

E. Esoph. | Stomach | Small Intestine | Colon | Rectum Polyp | Biopsy @_____

Questions for Pathologist:

Esophagus

Reflux Ulcer Barrett's Neoplasm

Other:

Stomach

Gastritis Ulcer Neoplasm r/o H. Pylori H. Pylori (+) H. Pylori (-)

Meds:

Small Intestines

Duodenitis Ileitis Diarrhea Steatorrhea

Anti-gliadin (+) Anti-endomysia (+) O+P

Colon/Rectum

Polyp Biopsy

Mass Size: _____ Number Present: _____

Predunculated Sessile Flat Colitis Background

Plecemeal extraction (complete/partial) Snare

Colitis Diarrhea Bloody Watery Chemo Radiation

CHRLW Cytology Pathology Requisition 2024.6. White - Lab Yellow - Provider ****Information Required for Valid Order.**
 Not all tests are listed, please review corewellhealth.testcatalog.org for all tests, codes, panel and reflex information, collection instructions and clinical information.

Confidentiality of this medical record shall be maintained except when use or disclosure is required or permitted by law, regulation, or written authorization by the patient.