GI Pathogen Requisition

GI16-0001

Genex Laboratory Professional Corporation
13766 Alton Pkwy, Suite 144
Irvine, CA 92618

Phone (949) 527-6517
FAX (949) 527-6521
www.genexlpc.com

Patient		**Provider**	
Last Name		Physician	
First Name		NPI	
D.O.B.		Phone	
Gender		FAX	
Address		Email	

Specimen	
Specimen Type	
Date Collected	
Time Collected	
Collected By	

Patient Symptoms			
❑ Abdominal bloating and cramps	❑ Fever, chills	❑ Weight loss	❑ Sweating, clammy skin
❑ Thin or loose stool	❑ Nausea	❑ Body aches	❑ Mucus in stool
❑ Bloody diarrhea	❑ Vomiting	❑ Headaches, muscle aches, joint aches	
❑ Watery diarrhea	❑ Loss of appetite	❑ Sense urgency/bowel movement	

Clinical History

GI Pathogens to be tested			
❑ Clostridium difficile, Toxin A/B	❑ Salmonella	❑ Giardia lamblia	❑ Campylobacter
❑ Entertoxigenic E. Coli (ETEC) LT/ST		❑ Shigella	❑ Cryptosporidium
❑ Shiga like toxin producing E. Coli (STEC) stx1/stx2		❑ Rotavirus A	❑ Norovirus GI/GII
❑ Adenovirus 40/41	❑ E. histolytica	❑ Vibrio cholera	❑ E. Coli 0157
❑ Complete GI Panel (by checking this box the lab is authorized to run the entire panel and bill for it.)			

REIMBURSEMENT: Genex Laboratory Prof. Corp. (GNXLPC) will make every reasonable effort to obtain reimbursement for the ordered tests above. I hereby authorize GNXLPC to release to Medicare and/or any insurance carrier providing medical benefits to me and any health plan to which I am a member any and all medical or other information necessary for claims purposes. I hereby authorize payment of medical insurance benefits to the party who bills for these claims and accepts assignments. I understand that if my insurance company pays me directly for the services provided by GNXLPC that I am responsible for forwarding such payment to GNXLPC. **I understand that I am responsible for any outstanding balances, deductible/co-payments as required by my plan.** I authorize GNXLPC to release the result of this testing to the treating physician. I hereby authorize my insurance benefits to be paid directly to GNXLPC.

Patient Signature	**Date**
Provider Signature	**Date**

Diagnosis ICD-10 Codes

NOTE: For the convenience of the ordering physicians, the below ICD-10 codes are listed. Physicians are not required to use these codes but should report the diagnostic codes that best describes the reason for performing the test.

MARK	ICD-10	Description
❑	R19.7	Diarrhea, unspecified
❑	R19.4	Change in bowel habit
❑	A00.0	Cholera due to Vibrio cholera 01, biovar cholerae
❑	A00.1	Cholera due to Vibrio cholera 01, biovar eltor
❑	A05.3	Foodborne Vibrio parahaemolyticus intoxication
❑	A05.5	Foodborne Vibrio vulnificus intoxication
❑	A04.9	Due to bacteria
❑	A04.5	Campylobacter enteritis
❑	A07.2	Cryptosporidium
❑	A04.0	Enteropathogenic Escherichia coli infection
❑	A04.1	Enterotoxogenic Escherichia coli infection (ETEC LT/ST)
❑	A04.2	Enteroinvasive Escherichia coli infection
❑	A04.3	Enterohemorrhagic Escherichia coli infection
❑	A04.7	Enterocolitis due to Clostridium difficle
❑	K52.2	Food hypersensitivity
❑	A08.8	Other specified intestinal infection
❑	A04.8	Other specified bacterial intestinal infections
❑	A08.39	Enterovirus, other viral enteritis
❑	A08.4	Viral intestinal infection, unspecified
❑	A08.2	Adenovirus, adenoviral enteritis
❑	A08.0	Rotavirus, Rotaviral enteritis
❑	A02.0	Salmonella eneritis
❑	A02.9	Salmonella infection, unspecified
❑	A03.0	Shigellosis due to shigella dysentriae
❑	A03.9	Shigellosis, unspecified
❑	A03.1	Shigellosis due to shigella flexneri
❑	A03.2	Shigellosis due to shigella boydii
❑	A03.3	Shigellosis due to shigella sonnei
❑	A08.11	Acute gastroenteropathy due to Norwalk agent
❑	B82.9	Intestinal parasitism, unspecified
❑	A07.1	Giardiasis [lambliasis]
❑	A07.9	Protozoal intestinal disease, unspecified; Protozoal diarrhea, Protozoal dysentriae
❑	A09	Infectious gastroenteritis and colitis, unspecified
❑	K59.1	Functional diarrhea
❑	K58.0	Irritable bowel syndrome with diarrhea
❑	K52.9	Gastroenteritis
❑	B96.21	Shiga toxin-producing Escherichia coli [E. coli] (STEC) O157 as the cause of diseases classified elsewhere
❑	B96.22	Other specified Shiga toxin-producing Escherichia coli [E. coli] (STEC) as the cause of diseases classified elsewhere
❑	B96.23	Unspecified Shiga toxin-producing Escherichia coli [E. coli] (STEC) as the cause of diseases classified elsewhere
❑	K50.018	Crohn's disease of small intestine with other complication
❑	K50.019	Crohn's disease of small intestine with unspecified complications
❑	K50.118	Crohn's disease of large intestine with other complication
❑	K50.119	Crohn's disease of large intestine with unspecified complications
❑	K50.818	Crohn's disease of both small and large intestine with other complication
❑	K50.819	Crohn's disease of both small and large intestine with unspecified complications
❑	K50.918	Crohn's disease, unspecified, with other complication
❑	K50.919	Crohn's disease, unspecified, with unspecified complications
❑	K51.819	Other ulcerative colitis with unspecified complications
❑	K51.818	Other ulcerative colitis with other complication
❑	K51.918	Ulcerative colitis, unspecified with other complication
❑	K51.919	Ulcerative colitis, unspecified with unspecified complications

Patient Insurance Information *(required)*

Please include a photocopy of insurance card(s) (both sides)

PLEASE SELECT A BILLING OPTION & COMPLETE THE INFORMATION BELOW:

❑ Medicare	❑ Medicaid	❑ Insurance	❑ Credit Card	❑ Workers Comp/Auto/LOP	❑ Information Attached
Primary Insurance Carrier		Primary Ins. Policy/ID No.		Primary Ins. Group No.	
PATIENT RELATIONSHIP TO INSURED:					
❑ Self	❑ Spouse	❑ Dependent	❑ Other		
Secondary Insurance		Policy/ID No.		Group No.	