

Gastroenterology Laboratory Test Requisition

Patient Name: _____ Medical Record#: _____
 Birth Date: _____ Specimen Date: _____
 Institution: _____ Physician: _____
 Report Address: _____ Bill Address: _____

 Phone: _____ Fax: _____ Phone: _____ Fax: _____
 Contact Email: _____ Invoice Email (option): _____

Please Select the Test Name and Indicate the Number of Specimens

Disaccharidase Assay (small intestinal biopsy¹):

Number of Specimens: _____

Panel Units	CPT
lactase	82657
maltase	82657
sucrase	82657
palatinase	82657
glucoamylase	82657
Total price/specimen	82657 (x5)

¹2 to 5 mg wet weight

Pancreatic Enzymatic Assay (duodenal fluid¹):

Number of Specimens: _____

Panel Units	CPT
amylase	82657
lipase	82657
chymotrypsin	82657
trypsin	82657
elastase	82657
Total price/specimen	82657 (x5)

¹Minimum 1.0 cc and up to 2 cc

Gastric Pepsin A Assay (tracheal or bronchial fluid¹):

Number of Specimens: _____

Units	CPT
Pepsin A ²	82657
pH	83986
protein	84157
Total price/specimen	Including above 3 CPTs

¹Minimum volume 1.0 cc and up to 2 cc, ²By enzyme assay

Celiac Disease Tests (Serum¹):

Number of Specimens: _____

	CPT Code
<input type="checkbox"/> Tissue transglutaminase (tTG) antibody IgA	86364
<input type="checkbox"/> Tissue transglutaminase (tTG) antibody IgG	86364
<input type="checkbox"/> Deamidated gliadin peptide (DGP) antibody IgA	86258
<input type="checkbox"/> Deamidated gliadin peptide (DGP) antibody IgG	86258

¹A minimum 0.5 cc serum, collected without any additive and separated from the clot.

Calprotectin Tests (Fecal¹):

Number of Specimens: _____

	CPT Code
<input type="checkbox"/> Fecal Calprotectin	83993

¹Collect 1 to 5 g stool

Sample handing and Shipping: Specimen are placed in a clearly labeled, well-sealed tube without any additives or solution, stored at -20°C and shipped on dry ice in a large Styrofoam box to following address.

Nemours Children's Hospital, Delaware
 GI Clinical Lab, RCI bldg. Rm 211
 1600 Rockland Road, Wilmington, DE 19803

Please do not send samples arriving on weekends and holidays.

Contact Information: For sample shipping, lab results and any other questions please email: GIClinicalLab@nemours.org or call the lab at 302 651 6893. For billing, please email to: researchpayments@nemours.org.