

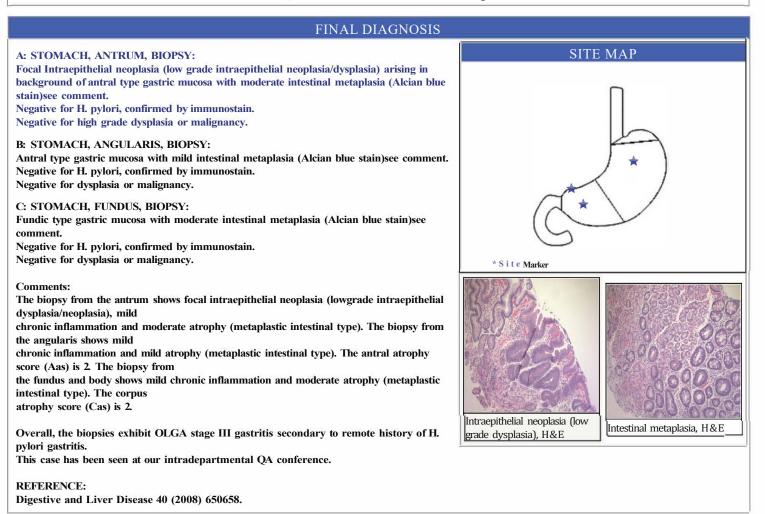
CLIA ID#: 31D2026917

Consulting Pathologist: Test Physician, MD

PATIENT DEMOGRAPHICS				
PATIENT INFORMATION:	PHYSICIAN INFORMATION:	SPECIMEN INFORMATION:		
Patient, Test	Test Physician	ACCESSION#: TS22-00012		
DOB: 2/22/1965	Test Practice	PROCEDURE DATE: 1/2/2022		
Gender/Age: M/54	300 Columbus Circle, Suite A, Edison, NJ 08837	DATE RECEIVED: 1/3/2022		
SS#: UN:153874675	866.909.PATH, Fax:9082721478	REPORTED ON:1/4/2022		

## **CLINICAL INFORMATION**

CLINICAL IDSTORY: Nausea, Gastritis, need gastritis assistments "OLGA scoring"



BILLING CODES		ELECTRONI	ELECTRONICALLY SIGNED OUT BY	
CPT 88305 X 3 88312X3	ICDIO K29.50; K31.89 Date of Procedure: 1/2/2022	Pathologist:	182	
88313 X 3			Test Physician, MD	

Physician: Test Physician

Electronically signed out by: Test Physician, MD COO • Fax: 9082721478

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• 300 Columbus Circle, Suite A, Edison NJ 08837 • Tel: 1866909PATH

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