

GI PATHOLOGY

One Purpose. One Passion.

GI Pathology provides the highest quality GI pathology diagnoses, performed by one of our fellowship-trained gastrointestinal and liver pathologists. Since 1995, gastroenterologists have entrusted GI Pathology with over 2.5 million patient biopsies. We are the only physician owned laboratory in the United States dedicated solely to the practice of gastrointestinal and liver pathology. Our commitment to quality, service and innovation is delivered in a number of ways:

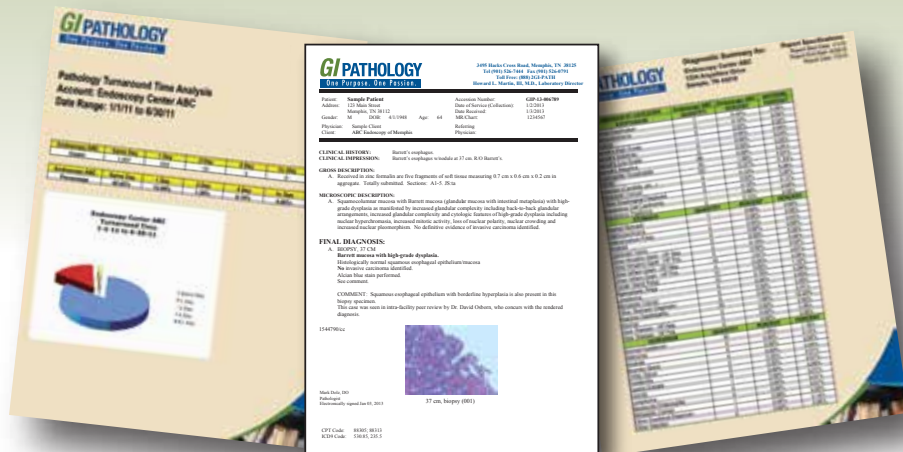


QUALITY:

- 100% of medical staff is fellowship trained in gastrointestinal pathology
- In-house second opinion and expert consultation
- Multiple fellowship-trained GI pathologist review of all complex cases

SERVICE:

- 24 hour turnaround time on most cases
- Clear and concise diagnoses
- Custom diagnostic report formats
- Novel data products including:
 - Diagnostic Summaries
 - Turnaround Time Reports
 - Customized Historical Data Analysis




INNOVATION:

- Introduced xTAG molecular stool test for the detection of the most common pathogens causing acute diarrhea
- Introduced AmHPR™: a comprehensive assay that detects the genes that confer antibiotic resistance to six commonly used antibiotics from the FFPE block
- Leader in providing KRAS, BRAF and MMR genetic testing
- Interfacing available with most of the leading EMR companies
- Electronic pathology requisition software

Reach out to your local Henry Schein Rep for more information or to request a complementary consultation,
Visit: www.henryschein.com/requestinfo | Call: 1.800.772.4346


CHOOSE THE DIAGNOSTIC FORMAT THAT MEETS THE NEEDS OF YOUR PRACTICE

- Adding photomicrographs to your reports
- Reporting diagnoses upfront
- “Flagging” reports with significant diagnoses



GI PATHOLOGY
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3495 Hacks Cross Road, Memphis, TN 38125
Tel (901) 526-7444 Fax (901) 526-0791
Toll Free: (888) 2GI-PATH
Howard L. Martin, III, M.D., Laboratory Director



Patient: Sample Patient	Accession Number: GIP-13-006789	
Address: 123 Main Street Memphis, TN 38112	Date of Service (Collection): 1/2/2013	
Gender: M DOB: 4/1/1948 Age: 64	Date Received: 1/3/2013	
Physician: Sample Client	MR/Chart: 1234567	
Client: ABC Endoscopy of Memphis	Referring Physician:	

CLINICAL HISTORY: Barrett's esophagus.
CLINICAL IMPRESSION: Barrett's esophagus w/nodule at 37 cm. R/O Barrett's.


GROSS DESCRIPTION:
 A. Received in zinc formalin are five fragments of soft tissue measuring 0.7 cm x 0.6 cm x 0.2 cm in aggregate. Totally submitted. Sections: A1-5. JS:ta

MICROSCOPIC DESCRIPTION:
 A. Squamocolumnar mucosa with Barrett mucosa (glandular mucosa with intestinal metaplasia) with high-grade dysplasia as manifested by increased glandular complexity including back-to-back glandular arrangements, increased glandular complexity and cytologic features of high-grade dysplasia including nuclear hyperchromasia, increased mitotic activity, loss of nuclear polarity, nuclear crowding and increased nuclear pleomorphism. No definitive evidence of invasive carcinoma identified.

FINAL DIAGNOSIS:
 A. BIOPSY, 37 CM
Barrett mucosa with high-grade dysplasia.
 Histologically normal squamous esophageal epithelium/mucosa
 No invasive carcinoma identified.
 Alcian blue stain performed.
 See comment.

COMMENT: Squamous esophageal epithelium with borderline hyperplasia is also present in this biopsy specimen.
 This case was seen in intra-facility peer review by Dr. David Osborn, who concurs with the rendered diagnosis.

1544790/cc




37 cm, biopsy (001)

Mark Dolz, DO
Pathologist
Electronically signed Jan 03, 2013

CPT Code: 88305, 88313
ICD9 Code: 530.85, 235.5

“Flagged” Report



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Richard S Kinsey, M.D., Laboratory Director
CLIA # 44D0915029

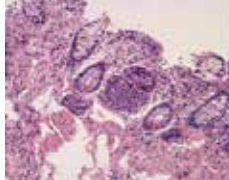
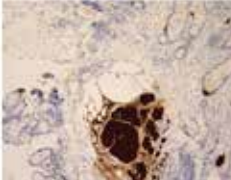
Patient: Sample Patient	Accession Number: GIP-15-001234	
Address: 123 Main Street Memphis, TN 38112	Date of Service (Collection): 4/28/2015	
Gender: F DOB: 8/80/1951 Age: 63	Date Received: 4/29/2015	
Physician: Sample Client	MR/Chart:	
Client: ABC Endoscopy Center	Referring Physician:	

CLINICAL HISTORY: Screening (4-14-05)
CLINICAL IMPRESSION: Biopsy ileocecal valve, rule out Crohn's/lymphoma.

GROSS DESCRIPTION:
 A. Received in zinc formalin are four fragments of soft tissue measuring 0.5 cm x 0.4 cm x 0.2 cm in aggregate. Totally submitted. Sections: A1-4. CT-pw

FINAL DIAGNOSIS:
 A. ILEOCECAL VALVE BIOPSY
Low-grade neuroendocrine (carcinoid) tumor. See comment.

COMMENT: Largest microscopic dimension in this sampling is 1mm. The diagnosis is confirmed by positive chromograin and synapophysin immunostains.
 This biopsy was also reviewed by Dr. Jackie Makapugay and she concurs with the above diagnosis


Ileocecal valve biopsy CHROMO

Richard S. Kinsey, M.D.
Pathologist
Electronically signed Apr 29, 2015

Appropriate positive and negative controls have been reviewed.
GI Pathology is a division of Poplar Healthcare, PLLC

CPT Code: 88305; 88241; 88342

Standard Surgical Report



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Howard L. Martin, III, M.D., Laboratory Director

Patient: Sample Patient	Accession Number: DXF-13-001234	
Address: 123 Main Street Memphis, TN 38112	Date of Service (Collection): 6/17/2013	
Gender: F DOB: 10/13/1975 Age: 37	Date Received: 6/18/2013	
Physician: Sample Client	MR/Chart: 1234567	
Client: ABC Endoscopy of Memphis	Referring Physician:	

CLINICAL HISTORY: Abdominal pain, nausea, weight loss
CLINICAL IMPRESSION: Inflammation

FINAL DIAGNOSIS:
 A. SECOND PART DUODENUM BIOPSY WITH COLD FORCEPS
Histologically unremarkable duodenal mucosa.
 No evidence of celiac sprue or parasites.

B. GASTRIC ANTRUM BIOPSY WITH COLD FORCEPS
Histologically unremarkable antral- and oxyntic-type mucosa.
 Silver stain negative for Helicobacter organisms.

C. ENTIRE ESOPHAGUS BIOPSY WITH COLD FORCEPS
Eosinophilic esophagitis with squamous hyperplasia and increased intraepithelial eosinophils (up to 35 /hpf).
 No columnar mucosa.

MICROSCOPIC DESCRIPTION:
 A. Small intestinal mucosa with intact villous architecture and no increased intraepithelial lymphocytes. Parasites are not present.
 B. Histologically unremarkable antral- and oxyntic-type gastric mucosa (body, fundic), without significant inflammation, reactive epithelial changes, Helicobacter organisms or histologic features of atrophy.
 C. Esophageal squamous mucosa with intense eosinophilic inflammation and prominent basal layer hyperplasia.

GROSS DESCRIPTION:
 A. Received in zinc-formalin are two fragments of red-tan soft tissue measuring 0.4 cm x 0.2 cm x 0.2 cm in aggregate. Marked with yellow ink and totally submitted. Sections: AC-9.
 B. Received in zinc-formalin are four fragments of red-tan soft tissue measuring 0.4 cm x 0.4 cm x 0.2 cm in aggregate. Marked with green ink and totally submitted.
 C. Received in zinc-formalin are three fragments of red-tan soft tissue measuring 0.4 cm x 0.3 cm x 0.2 cm in aggregate. Marked with blue ink and totally submitted. SWL:ib

Richard Shawn Kinsey, M.D.
Pathologist
Electronically signed 6/18/2013

CPT Code: 88305; 88305; 88305; 88312
ICD9 Code: 537.9; 536.9; 530.13

Diagnosis Upfront