CELLNETIX
PATHOLOGY & LABORATORIES

Verbal Order and Add-On Test Authorization
Fax: 206-215-5935 or 866-721-9696

To: _____ From: _____

Patient's insurance information required for add-on testing.
PLEASE PRINT CLEARLY

Patient Name: _____ CellNetix Accession #/Consult Accession: _____

Patient Date of Birth: _____ Original CellNetix Date of Service: _____

Ordering Physician and Facility: _____ ICD10: _____

Cytology
- ☐ Pap
- ☐ HPV
- ☐ HPV Reflex to
- ☐ HPVGeno if Pos
- ☐ HPV Geno
- ☐ GC/CT
- ☐ HSV
- ☐ Trich (ThinPrep Only)

NonGyn
- ☐ Urovysion

Breast
For OncotypeDX, Contact Genomic Health: 866-662-6897
- ☐ Breast Panel Her2 IHC, ER/PR, Ki67, Reflex to Her2 FISH if equiv
- ☐ Her2 IHC
- ☐ Her2 FISH
- ☐ ER/PR
- ☐ ER
- ☐ PR
- ☐ Ki67

Gyn
- ☐ DNA Mismatch Repair
- ☐ MLH1 Promoter Methylation

Derm
- ☐ BRAF Melanoma
- ☐ PAS

GI
- ☐ DNA Mismatch Repair
- ☐ MLH1 Promoter Methylation
- ☐ BRAF
- ☐ KRAS
- ☐ RAS-RAF (KRAS, NRAS and BRAF)
- ☐ NRAS
- ☐ Her2 Gastric

Lung
- ☐ EGFR T790M only
- ☐ EGFR with ALK and ROS1
- ☐ Lung Reflexive Panel (EGFR to ALK to ROS1)
- ☐ ALK FISH
- ☐ EGFR
- ☐ EGFR and to ALK
- ☐ ROS1
- ☐ PDL-1 for Keytruda
- ☐ PDL-1 for Opdivo
- ☐ PDL-1 for EIL3N

OTHER:_____

☐ **Next Generation Sequencing:** SYMGENE™ NGS CANCER PANEL _____

_____
REQUIRED - Physician or authorized designee signature

_____
PRINT NAME

For confirmation that we received your request, please provide your e-mail or fax.

_____ _____ ☐ Reply Sent
Fax Number Email Address

For CellNetix Use Only- Date Received: SSS Initials:
Pathologist Initials:

Updated 02/07/2017