

Required Information is Highlighted

CellNetix Pathology & Laboratories



1124 Columbia Street, Suite 200
Seattle, WA 98104
Toll Free [866] 234-8296
Billing [844] 503-8965
WWW.CELLNETIX.COM

10-02-2017

Patient Information				Specimen Information	
PATIENT LAST NAME	FIRST	M.I.	SEX	COLLECTION DATE	TIME
PATIENT D.O.B.	PATIENT SOCIAL SECURITY NUMBER	PHONE		ICD-10 CODE(S)	
STREET ADDRESS					
CITY	STATE	ZIP			
Billing Information					
INSURANCE COMPANY NAME AND ADDRESS					
CITY	STATE	ZIP			
INSURANCE/SUBSCRIBER ID#	SUBSCRIBER NAME/RESPONSIBLE PARTY				
INSURANCE/GROUP#	MEDICARE#	<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY			
SECONDARY	MEDICAID (coupon attached)				
<input type="checkbox"/> NO INSURANCE	WORKER'S COMP	<input type="checkbox"/> YES <input type="checkbox"/> NO			
INTERNAL USE ONLY					
				Referring MDs 	
				CC report to: First and Last Names	

ONCOLOGY

CLINICAL INFORMATION / SUSPECTED DIAGNOSIS:

TISSUE SPECIMENS FOR HISTOLOGY:

A _____
 B _____
 C _____

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Pleural | <input type="checkbox"/> CSF Transport ASAP at 2-8 C | <input type="checkbox"/> Peritoneal Fluid | <input type="checkbox"/> Tissue/biopsy |
| <input type="checkbox"/> Peripheral Blood | <input type="checkbox"/> FNA (Transport ASAP at room temperature) | <input type="checkbox"/> Bone Marrow | <input type="checkbox"/> Specimen Type (media type): _____ |

Site _____ For breast specimens, time in formalin _____

Flow Cytometry

Next Generation Sequencing

- Cellnetix Pathologist to select testing deemed necessary to provide comprehensive analysis and professional interpretation on referred material.
- Mature B, T, & NK Cell Neoplasms
CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11c, CD16, CD19, CD20, CD22, CD23, CD25, CD34, CD38, CD45, CD56, CD57, CD71, CD103, CD117, HLA-DR, Kappa, Lambda, TCR-AB, TCR-GD
- Precursor Lymphoid Neoplasms (B-ALL, T-ALL)
C3, C4, CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11b, CD13, CD15, CD16, CD20, CD33, CD34, CD38, CD45, CD56, CD57, CD71, CD117, M1, M2, M6, HLA-DR, Kappa, Lambda, anti-TdT
- Acute Myeloid Leukaemia (AML) & Related Precursor Neoplasms
CD2, CD5, CD7, CD10, CD11b, CD14, CD15, CD16, CD19, CD20, CD33, CD34, CD38, CD45, CD56, CD64, CD71, CD117, HLA-DR, Kappa, Lambda
- Myeloproliferative Neoplasms/Myelodysplastic Syndromes
CD2, CD5, CD7, CD10, CD11b, CD14, CD15, CD16, CD19, CD20, CD33, CD34, CD38, CD45, CD56, CD64, CD71, CD117, HLA-DR, Kappa, Lambda
- Plasma Cell Panel
CD19, CD20, CD38, CD45, CD56, CD138, cy-kappa and cy-lambda
- Paroxysmal Nocturnal Hemoglobinuria (PNH) Panel
CD14, CD15, CD16, CD24, CD33, CD59, CD235a, FLAER

- Symgene: 79 Gene Cancer Panel (for solid tumors)**
- FISH Panels**
- ALK MDM2 ROS1
- Chronic Lymphocytic Leukemia Panel Multiple Myeloma Panel UROVYSION
- HER2
- PCR**
- Jak2 (V617F) Jak2 reflex to CALR
- BCR - ABL (p210, p190) BCR - ABL Major (p210)
- BCR - ABL Minor (p190) CALR
- EGFR EGFR reflex to ALK FISH
- BRAF EGFR reflex to ALK FISH reflex to ROS1 FISH
- KRAS EGFR / ALK / ROS1 / PDL1
- RAS - RAF EGFR reflex to ALK / ROS1 ± PDL1

Other _____