

CellNetix Pathology & Laboratories



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09-29-2015



RQ264612 PI Name:



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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				Referring MDs	
CITY	STATE	ZIP			
INSURANCE COMPANY NAME AND ADDRESS					
CITY	STATE	ZIP		CC report to: First and Last Names	
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

FLOW

CLINICAL INFORMATION / SUSPECTED DIAGNOSIS:

TISSUE SPECIMENS FOR HISTOLOGY:

A _____
 B _____
 C _____

TESTS DEEMED APPROPRIATE BY CELLNETIX HEMATOPATHOLOGY

FLOW CYTOMETRY:

- Lymphoid Panel:
 - Lymphoma (B-cell or T-cell)
 - Chronic lymphocytic leukemia/small lymphocytic lymphoma
 - Hairy Cell Leukemia
 - Plasma Cell Dyscrasia / Myeloma
- Acute Leukemia / Myeloid Panel:
 - Acute Myeloid Leukemia
 - Acute Lymphoblastic Leukemia
 - Myelodysplastic Syndrome
 - Myeloproliferative Neoplasm
- Paroxysmal Nocturnal Hemoglobinuria (PNH) (peripheral blood, EDTA preferred)

Specimen Type (media type):

- Peripheral Blood (EDTA preferred, Heparin OK)
- Bone Marrow (Heparin preferred, EDTA OK)
- Tissue/biopsy (Submit in RPMI or Hanks, NO FORMALIN)
 - FNA TRANSPORT ASAP AT ROOM TEMPERATURE

Site

- CSF (An equal or greater volume of RPMI). Transport ASAP at 2-8° C
- Pleural Peritoneal Fluid (An equal or greater volume of RPMI)

OTHER ANCILLARY DIAGNOSTIC TESTING:

- CONVENTIONAL CYTOGENETICS / KARYOTYPING (fresh, unfixed bone marrow, blood, or other tissue required in Heparin. RPMI or Hanks: no EDTA)
- FLUORESCENCE IN SITU HYBRIDIZATION STUDIES (fresh specimens in Heparin, non-decalcified paraffin embedded tissue OK for some probes):
 - Please specify diagnosis and desired test: _____
- MOLECULAR STUDIES (submitted in EDTA):
 - B-cell gene rearrangement (clonality)
 - T-cell gene rearrangement (clonality)
 - BCR-ABL (please specify qualitative or quantitative) _____
 - JAK-2 mutation testing (with reflex CALR testing)
 - Fit-3 ITD (with reflex NPM1 testing)
 - Other (please specify): _____

For additional specimen collection and transportation requirements see www.cellnetix.com/flow lab or call CellNetix Seattle Flow Cytometry Department at 206-576-6149.

Testing is performed Mon-Sat; specimens that do not reach the lab by noon on Saturday for processing may show suboptimal viability.