

Required Information is Highlighted

CellNetix Pathology & Laboratories



1124 Columbia Street, Suite 200
Seattle, WA 98104
Toll Free (866) 236-8296
Billing (844) 503-8965
WWW.CELLNETIX.COM
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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					
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: _____ _____ _____ <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 _____	TISSUE SPECIMENS FOR HISTOLOGY: A _____ B _____ C _____ For breast specimens, time in formalin _____
Flow Cytometry <input type="checkbox"/> Cellnetix Pathologist to select testing deemed necessary to provide comprehensive analysis and professional interpretation on referred material. <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Plasma Cell Panel CD19, CD20, CD38, CD45, CD56, CD138, cy-kappa and cy-lambda <input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria (PNH) Panel CD14, CD15, CD16, CD24, CD33, CD59, CD235a, FLAER	Next Generation Sequencing <input type="checkbox"/> Symgene: 79 Gene Cancer Panel (NGS--V1.5 for solid tumors) <input type="checkbox"/> Symgene Breast Panel (8 genes including: BRCA1/2 and ESR1) <input type="checkbox"/> Symgene Colon Panel (10 genes including: KRAS, NRAS, BRAF, MMR genes) <input type="checkbox"/> Symgene Lung Panel (12 genes including: EGFR, BRAF, MET + ALK/ROS1 FISH + PD-L1 IHC) <input type="checkbox"/> Symgene Ovarian Panel (18 genes including: BRCA1/2, TP53, CTNNB1, MMR genes)
FISH Panels <input type="checkbox"/> ALK <input type="checkbox"/> MDM2 <input type="checkbox"/> ROS1 <input type="checkbox"/> Chronic Lymphocytic Leukemia Panel <input type="checkbox"/> Multiple Myeloma Panel <input type="checkbox"/> UROVYSION <input type="checkbox"/> HER2	PCR <input type="checkbox"/> Jak2 (V617F) <input type="checkbox"/> Jak2 reflex to CALR <input type="checkbox"/> BCR - ABL (p210, p190) <input type="checkbox"/> BCR - ABL Major (p210) <input type="checkbox"/> BCR - ABL Minor (p190) <input type="checkbox"/> CALR <input type="checkbox"/> EGFR <input type="checkbox"/> EGFR reflex to ALK FISH <input type="checkbox"/> BRAF <input type="checkbox"/> EGFR reflex to ALK FISH reflex to ROS1 FISH <input type="checkbox"/> KRAS <input type="checkbox"/> EGFR / ALK / ROS1 / PDL1 <input type="checkbox"/> NRAS <input type="checkbox"/> EGFR reflex to ALK / ROS1 ± PDL1 <input type="checkbox"/> KRAS-NRAS-BRAF <input type="checkbox"/> MSI-PCR Other _____