



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 only
Pap+HPV
Pap+HPV+Geno
HPV
HPV + Geno
Anal HPV
GC/CT
Trich
BV/CV
HSV

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 ER
Her2 FISH PR
ER/PR Ki67

Gyn

- MMR-IHC (Mismatch Repair)
MLH1 Promoter Methylation

Derm

- BRAF Melanoma
PAS

GI

- MMR-IHC (Mismatch Repair)
MLH1 Promoter Methylation
BRAF
KRAS
RAS-RAF (KRAS, NRAS and BRAF)
NRAS
Her2 Gastric

Any Solid Tumor

- MSI-PCR_Keytruda
MMR-IHC_Keytruda

Lung

- EGFR+ALK+ROS1+PD-L1
EGFR+ALK+ROS1
EGFR_T790M only
Lung reflexive panel (EGFR/ALK/ROS1/PD-L1)
EGFR
EGFR reflexed to ALK/ROS1
PD-L1 for Keytruda
PD-L1 for Opdivo
PD-L1 for EIL3N

OTHER: _____

Next Generation Sequencing



- Symgene: 79 Gene Cancer Panel (NGS--V1.5 for solid tumors)
Symgene Focus - Targeted NGS Cancer Panels
Breast Panel (8 genes including: BRCA1/2 and ESR1)
Colon Panel (10 genes including: KRAS, NRAS, BRAF, MMR genes)
Lung Panel (13 genes including: EGFR, BRAF, MET + ALK/ROS1 FISH + PD-L1 IHC)
Ovarian Panel (18 genes including: BRCA1/2, TP53, CTNNB1, MMR genes)

REQUIRED - Physician or authorized designee signature

PRINT NAME

For CellNetix Use Only-

Date Received:

SSS Initials:

Pathologist Initials: