

CellNetix Pathology & Laboratories



12501 E. Marginal Way S., Ste. 200  
 Tukwila, WA 98168  
 Toll Free (866) 236-8296  
 Billing (877) 340-5884  
 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

### Referring MDs

### Billing Information

INSURANCE COMPANY NAME AND ADDRESS

CITY STATE ZIP

INSURANCE/SUBSCRIBER ID# SUBSCRIBER NAME/RESPONSIBLE PARTY

INSURANCE/GROUP# MEDICARE#  PRIMARY  SECONDARY

SECONDARY MEDICAID (coupon attached)

NO INSURANCE WORKER'S COMP  YES  NO

INTERNAL USE ONLY

CC report to: First and Last Names

## HEMATOPATHOLOGY

SPECIMEN INFORMATION	DISEASE STATE	TISSUE SPECIMENS FOR HISTOLOGY
<input type="checkbox"/> Bone Marrow Aspirate <input type="checkbox"/> Bone Marrow Biopsy <input type="checkbox"/> Paraffin Block <input type="checkbox"/> Peritoneal Fluid <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Peripheral Blood <input type="checkbox"/> Other _____	<input type="checkbox"/> CSF (Transport ASAP at 2-8° C) <i>Any sample suspected of having prion disease will not be accepted.</i> <input type="checkbox"/> FNA (Transport ASAP at room temperature) <input type="checkbox"/> Fresh Tissue Biopsy Specimen Type: _____ Media type: _____	Time in Formalin _____ A _____ B _____ C _____ D _____

### Molecular Genetics

<input type="checkbox"/> BCR-ABL1 Screen (p210+p190), Quant RT-PCR <input type="checkbox"/> BCR-ABL1 p210 Quant RT-PCR <input type="checkbox"/> BCR-ABL1 p190 Quant RT-PCR <input type="checkbox"/> JAK2_V617F by PCR <input type="checkbox"/> CALR Ex9 indels by PCR <input type="checkbox"/> MPL_W515K/L by PCR <input type="checkbox"/> JAK2_V617F and CALR and MPL <input type="checkbox"/> JAK2_V617F ref to CALR / MPL <input type="checkbox"/> JAK2_V617F ref to CALR / MPL / JAK2_Ex12-16 <input type="checkbox"/> JAK2_V617F ref to Ex12-16 <input type="checkbox"/> JAK2_Ex12-16 sequencing	<input type="checkbox"/> Presentation <input type="checkbox"/> Known Diagnosis _____ <input type="checkbox"/> MRD/Post Therapy (Days post Rx _____) <input type="checkbox"/> Recurrence CLINICAL INFORMATION _____ _____	<input type="checkbox"/> FLT3-ITD and NPM1 and CEBPA by PCR <input type="checkbox"/> FLT3-ITD and NPM1 by PCR <input type="checkbox"/> FLT3-ITD (semi-quant) by PCR <input type="checkbox"/> NPM1 (semi-quant) by PCR <input type="checkbox"/> CEBPA by PCR <input type="checkbox"/> CEBPA by sequencing <input type="checkbox"/> IDH1/2 sequencing <input type="checkbox"/> KIT sequencing <input type="checkbox"/> TP53 sequencing <input type="checkbox"/> BRAF for HCL and LCH by PCR
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### Next Generation Sequencing

NGS\_Myeloid Hotspot Panel (37 genes for AML, MPN, MDS, CMML)

### Flow Cytometry

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 <input type="checkbox"/> Precursor Lymphoid Neoplasms (B-ALL, T-ALL) <input type="checkbox"/> Plasma Cell Panel <input type="checkbox"/> Mastocytosis	<input type="checkbox"/> Acute Myeloid Leukemia (AML) & Related Precursor Neoplasms <input type="checkbox"/> Myeloproliferative Neoplasms/Myelodysplastic Syndromes <input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria (PNH) Panel
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### FISH

Chronic Lymphocytic Leukemia (CLL) Panel  Multiple Myeloma (MM) Panel

Other \_\_\_\_\_