



Add-On Test Authorization
Fax: 206-215-5935 or 866-721-9696

Patient's insurance information required for add-on testing.

Patient's Name: CellNetix Accession #/Consult Accessions:
Patient's Date of Birth: Original CellNetix Date of Service:
Ordering Physician and Facility ICD10:

PLEASE PRINT CLEARLY

Any Solid Tumor

- MSI-PCR_Keytruda
MMR-IHC_Keytruda

Breast

For OncotypeDX, Contact
Genomic Health: 866-662-6897

- (NGS) Breast Panel: See Below
PIK3CA
Breast Panel HER2 IHC, ER/PR, Ki67,
Reflex to HER2 FISH if equivocal
HER2 IHC
HER2 FISH
ER IHC
PR IHC
ER/PR IHC
Ki67 IHC
PD-L1 (IHC) for Tecentriq

Cytology

- Pap only
Pap+HPV
Pap+HPV+Genotype (if positive)
HPV
HPV+Genotype (if positive)
Anal HPV
GC/CT
Trich
BV/CV
HSV

Derm

- (NGS) Melanoma Panel: See Below
BRAF
NRAS
KIT

GI

- (NGS) Colon Panel: See Below
KRAS BRAF NRAS
KRAS
BRAF
NRAS
MMR-IHC (Mismatch Repair)
MSI (Microsatellite Instability)
MLH1 Promoter Methylation
HER2 Gastric/Esophageal

- (NGS) GIST Panel: See Below
KIT
PDGFRA

Gyn

- (NGS) Ovarian Panel: See Below
MMR-IHC (Mismatch Repair)
MLH1 Promoter Methylation

Liposarcoma

- MDM2 FISH

Lung (NSCLC)

- (NGS) Lung Panel: See Below
EGFR+ALK/ROS1+PD-L1 (Keytruda)
EGFR
BRAF
ALK gene rearrangement
ROS1 gene rearrangement
EGFR+ALK
EGFR+ALK/ROS1
EGFR reflexed to ALK/ROS1
EGFR_T790M mutation only
PD-L1 (IHC) for Keytruda
PD-L1 (IHC) for Opdivo
PD-L1 (IHC) for Tecentriq

NonGyn

- Urovysion - Urine
Urovysion - Pancreatic brushing

PD-L1 Other

- Keytruda
Opdivo
Tecentriq

Other:

Next Generation Sequencing (NGS)

SymGene Focus - Targeted NGS Cancer Panels:

- Breast Panel (8 genes including: PIK3CA, BRCA1/2 and ESR1)
Colon Panel (10 genes including: KRAS, NRAS, BRAF, MMR genes)
GIST Panel (KIT, PDGFRA and BRAF)
Lung Panel (13 genes including: EGFR, BRAF, MET + ALK/ROS1 FISH + PD-L1 IHC for Keytruda)
Melanoma Panel (7 genes including BRAF, NRAS, KIT, CTNNB1, GNAQ, GNA11, GNAS)
Ovarian Panel (18 genes including: BRCA1/2, TP53, CTNNB1, MMR genes)
SymGene: 79 Gene Cancer Panel (NGS--V1.5 for solid tumors, ALK/ROS1 FISH included)

REQUIRED - Physician or authorized designee signature

PRINT NAME

For CellNetix Use Only-

Date Received:

SSS Initials:

Pathologist Initials: