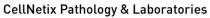
CellNetix Pathology - Seattle





1124 Columbia Street, Suite 200 Seattle, WA 98104

Toll Free (866) 236-8296 Billing (877) 340-5884

WWW.CELLNETIX.COM

| 200 | |
|--------------------------|--|
| Direction of the Control | |
| | |
| | |
| | |
| | |

1124 Columbia St., Ste. 200, SEATTLE, WA 98104





| | 11-07-2 | 018 | | | | | | (No. 10) | |
|--------------------------|---------------|----------------------------|----------|-----------------------|---|-----------|-----|----------------------|------|
| Patient Information | n | | | | | | | Specimen Information | |
| PATIENT LAST NAME | | | FIRST | | | M.I. | SEX | COLLECTION DATE | TIME |
| PATIENT D.O.B. | PATIENT SOCIA | L SECURITY NUMBER | | PHONE | | | | ICD-10 CODE(S) | |
| STREET ADDRESS | | | | | F | Referring | MDs | | |
| CITY | | STATE | | ZIP | | | | | |
| Billing Information | 1 | | | | Ш | | | | |
| INSURANCE COMPANY NAME. | AND ADDRESS | | | W | | | | | |
| CITY | | STATE | | ZIP | | | | | |
| INSURANCE/SUBSCRIBER ID# | La Carte | SUBSCRIBER NAME/RESPO | NSIBLE P | ARTY | | | | | |
| INSURANCE/GROUP# | | MEDICARE# | | ☐ PRIMARY ☐ SECONDARY | | | | | |
| SECONDARY | | MEDICAID (coupon attached) | | | | | | | |
| NO INSURANCE | | WORKER'S COMP | YES | □NO | 1 | | | | |
| NTERNAL USE ONLY | | | | | | | | | |
| | | | | | | CC report | to: | First and Last Names | |
| | | | | | | | | | |

| FLO |)W |
|--|---|
| 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 Hemaglobinuria (PNH) (peripheral blood, EDTA prefered) OTHER ANCILLARY DIAGNOSTIC TESTING: CONVENTIONAL CYTOGENETICS / KARYOTYPING (fresh, unfixed bormarrow, blood, or other tissue required in Heparin. RPMI or Hanks: | 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° Pleural Peritoneal Fluid (An equal or greater volume of RPMI) |
| FLUORESCENCE IN SITU HYBRIDIZATION STUDIES (fresh specimen Heparin, non-decalcified paraffin embedded tissue OK for some prol 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): | s in For additional specimen collection and transportation |