

## CellNetix Pathology - Seattle

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

## CellNetix Pathology &amp; Laboratories

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11-07-2018

RD254512 P1 Name:



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## Patient Information

|                                |       |       |     |
|--------------------------------|-------|-------|-----|
| PATIENT LAST NAME              | FIRST | M.I.  | SEX |
| PATIENT D.O.B.                 |       |       |     |
| PATIENT SOCIAL SECURITY NUMBER |       | PHONE |     |
| STREET ADDRESS                 |       |       |     |
| CITY                           | STATE | ZIP   |     |

## Specimen Information

|                 |      |
|-----------------|------|
| COLLECTION DATE | TIME |
| ICD-10 CODE(S)  |      |

## Billing Information

|                                       |                                   |  |
|---------------------------------------|-----------------------------------|--|
| INSURANCE COMPANY NAME AND ADDRESS    |                                   |  |
| CITY                                  | STATE                             | ZIP  |
| INSURANCE/SUBSCRIBER ID#              | SUBSCRIBER NAME/RESPONSIBLE PARTY |  |
| INSURANCE/GROUP#                      | MEDICARE#                         | <input type="checkbox"/> PRIMARY<br><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

## FLOW

## CLINICAL INFORMATION / SUSPECTED DIAGNOSIS:

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☐ 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 Hemoglobinuria (PNH) (peripheral blood, EDTA preferred)

## OTHER ANCILLARY DIAGNOSTIC TESTING:

☐ CONVENTIONAL CYTOGENETICS / KARYOTYPING (fresh, unfixed bone marrow, blood, or other tissue required in Heparin. RPMI or Hanks: no EDTA)☐ FLUORESCENCE IN SITU HYBRIDIZATION STUDIES (fresh specimens in Heparin, non-decalcified paraffin embedded tissue OK for some probes):☐ 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): \_\_\_\_\_

## TISSUE SPECIMENS FOR HISTOLOGY:

A \_\_\_\_\_

B \_\_\_\_\_

C \_\_\_\_\_

## 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° C  
☐ Pleural ☐ Peritoneal Fluid (An equal or greater volume of RPMI)

For additional specimen collection and transportation requirements see [www.cellnetix.com/flow](http://www.cellnetix.com/flow) lab or call CellNetix Seattle Flow Cytometry Department at 206-576-6149.

Testing is performed Mon-Sat: specimens that do not reach the lab by noon on Saturday for processing may show suboptimal viability.