

Required Information is Highlighted

CellNetix Pathology & Laboratories



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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			
Billing Information				Referring MDs	
INSURANCE COMPANY NAME AND ADDRESS					
CITY	STATE	ZIP			
INSURANCE/SUBSCRIBER ID#	SUBSCRIBER NAME/RESPONSIBLE PARTY				
INSURANCE/GROUP#	MEDICARE#	<input type="checkbox"/> PRIMARY <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				CC report to: First and Last Names	

TECHNICAL ONLY		
<input type="checkbox"/> Consult Request	<input type="checkbox"/> Technical Only	<input type="checkbox"/> Global -Technical & Professional
Specimen A: <input type="checkbox"/> Case# _____ <input type="checkbox"/> Slide Consult Request <input type="checkbox"/> Immunohistochemistry <input type="checkbox"/> Other	Site: _____ Number of Pieces: _____	Clinical Findings & Diagnosis: <input type="checkbox"/> Special Stains: _____
Specimen B: <input type="checkbox"/> Case# _____ <input type="checkbox"/> Slide Consult Request <input type="checkbox"/> Immunohistochemistry <input type="checkbox"/> Other	Site: _____ Number of Pieces: _____	Clinical Findings & Diagnosis: <input type="checkbox"/> Special Stains: _____
Specimen C: <input type="checkbox"/> Case# _____ <input type="checkbox"/> Slide Consult Request <input type="checkbox"/> Immunohistochemistry <input type="checkbox"/> Other	Site: _____ Number of Pieces: _____	Clinical Findings & Diagnosis: <input type="checkbox"/> Special Stains: _____
Specimen D: <input type="checkbox"/> Case# _____ <input type="checkbox"/> Slide Consult Request <input type="checkbox"/> Immunohistochemistry <input type="checkbox"/> Other	Site: _____ Number of Pieces: _____	Clinical Findings & Diagnosis: <input type="checkbox"/> Special Stains: _____
Specimen E: <input type="checkbox"/> Case# _____ <input type="checkbox"/> Slide Consult Request <input type="checkbox"/> Immunohistochemistry <input type="checkbox"/> Other	Site: _____ Number of Pieces: _____	Clinical Findings & Diagnosis: <input type="checkbox"/> Special Stains: _____
Specimen F: <input type="checkbox"/> Case# _____ <input type="checkbox"/> Slide Consult Request <input type="checkbox"/> Immunohistochemistry <input type="checkbox"/> Other	Site: _____ Number of Pieces: _____	Clinical Findings & Diagnosis: <input type="checkbox"/> Special Stains: _____

04-28-2014