

**Required Information is Highlighted**

**CellNetix Pathology & Laboratories**



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Patient Information				Specimen Information		
PATIENT LAST NAME	FIRST	M.I.	BIRTH SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	GENDER ID <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	COLLECTION DATE	TIME
PATIENT D.O.B.	PATIENT SOCIAL SECURITY NUMBER	PHONE	RACE/ETHNICITY		ICD-10 CODE(S)	
STREET ADDRESS				Referring MDs		
CITY	STATE	ZIP				
Billing Information				CC report to: <span style="color: gray;">First and Last Names</span>		
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						

TECHNICAL ONLY		
<input type="checkbox"/> Consult Request	<input type="checkbox"/> Technical Only	<input type="checkbox"/> Global -Technical & Professional
<b>Specimen A:</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: _____
<b>Specimen B:</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: _____
<b>Specimen C:</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: _____
<b>Specimen D:</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: _____
<b>Specimen E:</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: _____
<b>Specimen F:</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: _____