



# Add-On Test Authorization - Hematopathology

Phone: 907-746-6791 Fax: 907-746-2167

Date of Request: \_\_\_\_\_

## 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: \_\_\_\_\_ Ordering Facility: \_\_\_\_\_

Ordering Physician Phone: \_\_\_\_\_ ICD10: \_\_\_\_\_

### Specimen Information

- Bone Marrow Aspirate
- Bone Marrow Biopsy
- Paraffin Block
- Peritoneal Fluid
- Pleural Fluid
- Peripheral Blood
- CSF (Transport ASAP at 2-8°C)
- FNA (Transport ASAP at room temperature)
- Fresh Tissue Biopsy
- Specimen Type: \_\_\_\_\_
- Media Type: \_\_\_\_\_
- Other \_\_\_\_\_

### Disease State

- Presentation
- Known Diagnosis \_\_\_\_\_
- MRD/Post Therapy (Days post Rx \_\_\_\_\_)
- Recurrence

### Clinical Information

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Tissue Specimens for Histology

Time in Formalin \_\_\_\_\_  
 A \_\_\_\_\_  
 B \_\_\_\_\_  
 C \_\_\_\_\_  
 D \_\_\_\_\_

PLEASE PRINT CLEARLY

### Molecular Studies

- |  |  |
|--|--|
| <input type="checkbox"/> BCR-ABL1 Screen (p210+p190), Quant RT-PCR | <input type="checkbox"/> FLT3-TKD by PCR             |
| <input type="checkbox"/> BCR-ABL1 p210 Quant RT-PCR                | <input type="checkbox"/> NPM1 by PCR                 |
| <input type="checkbox"/> BCR-ABL1 p190 Quant RT-PCR                | <input type="checkbox"/> NPM1 MRD by sequencing      |
| <input type="checkbox"/> JAK2_V617F by PCR                         | <input type="checkbox"/> IDH1/2 sequencing           |
| <input type="checkbox"/> CALR Ex9 indels by PCR                    | <input type="checkbox"/> KIT sequencing              |
| <input type="checkbox"/> MPL_W515K/L by PCR                        | <input type="checkbox"/> TP53 sequencing             |
| <input type="checkbox"/> JAK2_V617F ref to CALR / MPL              | <input type="checkbox"/> BRAF for HCL and LCH by PCR |
| <input type="checkbox"/> JAK2_Ex12-16 sequencing                   | <input type="checkbox"/> MYD88_L265P by PCR          |
| <input type="checkbox"/> FLT3-ITD/TKD and NPM1 by PCR              | <input type="checkbox"/> CXCR4 by sequencing         |
| <input type="checkbox"/> FLT3-ITD and NPM1 by PCR                  |  |
| <input type="checkbox"/> FLT3-ITD by PCR                           |  |

### Next Generation Sequencing

- NGS\_Myeloid Hotspot Panel (37 genes for AML, MPN, MDS, CMML)

### Flow Cytometry

- |  |   |
|--|---|
| <input type="checkbox"/> Mature B, T, & NK Cell Neoplasms            | <input type="checkbox"/> Acute Myeloid Leukemia (AML) & Related Precursor Neoplasms |
| <input type="checkbox"/> Precursor Lymphoid Neoplasms (B-ALL, T-ALL) | <input type="checkbox"/> Myeloproliferative Neoplasms/Myelodysplastic Syndromes     |
| <input type="checkbox"/> Plasma Cell Panel                           | <input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria (PNH) Panel            |
| <input type="checkbox"/> Mastocytosis                                |   |

### FISH

- Chronic Lymphocytic Leukemia (CLL) Panel
- Multiple Myeloma (MM) Panel

Other: \_\_\_\_\_

REQUIRED - Physician or authorized designee signature

PRINT NAME

For CellNetix Use Only-

Date Received:

SSS Initials:

Pathologist Initials: