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: ____________________

Collection Date: ________________________________ Collection Time: ________________________________

Ordering Physician: ______________________________ Ordering Facility: ______________________________

Ordering Physician Phone: __________________________ ICD10: ________________________________

Specimen Information

- ☐ Bone Marrow Aspirate
- ☐ Bone Marrow Biopsy
- ☐ Paraffin Block
- ☐ Peritoneal Fluid
- ☐ Pleural Fluid
- ☐ Peripheral Blood
- ☐ Other ________________
- ☐ CSF (Transport ASAP at 2-8 C)
  Any sample suspected of having prion disease will not be accepted.
- ☐ FNA (Transport ASAP at room temperature)
- ☐ Fresh Tissue Biopsy
  Specimen Type: ________________
  Media Type: ________________

Clinical Information

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Tissue Specimens for Histology

Time in Formalin ________________

A ______________________________

B ______________________________

C ______________________________

D ______________________________

Disease State

- ☐ Presentation
- ☐ Known Diagnosis ________________
- ☐ MRD/Post Therapy (Days post Rx ________)
- ☐ Recurrence

PLEASE PRINT CLEARLY

MOLECULAR STUDIES

- ☐ BCR-ABL1 Screen (p210+p190), Quant RT-PCR
- ☐ BCR-ABL1 p210 Quant RT-PCR
- ☐ BCR-ABL1 p190 Quant RT-PCR
- ☐ JAK2_V617F by PCR
- ☐ CALR Ex9 indels by PCR
- ☐ MPL_W515K/L by PCR
- ☐ JAK2_V617F ref to CALR / MPL
- ☐ JAK2_Ex12-16 sequencing
- ☐ FLT3-ITD/TKD andNPM1 by PCR
- ☐ FLT3-ITD and NPM1 by PCR
- ☐ FLT3-ITD by PCR
- ☐ FLT3-TKD by PCR
- ☐ NPM1 by PCR
- ☐ NPM1 MRD by sequencing
- ☐ IDH1/2 sequencing
- ☐ KIT sequencing
- ☐ TP53 sequencing
- ☐ BRAF for HCL and LCH by PCR
- ☐ MYD88_L265P by PCR
- ☐ CXCR4 by sequencing

NEXT GENERATION SEQUENCING

- ☐ NGS_Myeloid Hotspot Panel (37 genes for AML, MPN, MDS, CMML)

FLOW CYTOMETRY

- ☐ Mature B, T, & NK Cell Neoplasms
- ☐ Precursor Lymphoid Neoplasms (B-ALL, T-ALL)
- ☐ Plasma Cell Panel
- ☐ Mastocytosis
- ☐ Acute Myeloid Leukemia (AML) & Related Precursor Neoplasms
- ☐ Myeloproliferative Neoplasms/Myelodysplastic Syndromes
- ☐ Paroxysmal Noctural Hemoglobinuria (PNH) Panel

FISH

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

OTHER: ____

____ ____________ ____________

REQUIRED - Physician or authorized designee signature DATE TIME

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PRINT NAME

For CellNetix Use Only- Date Received: SSS Initials:

Pathologist Initials: