



# Add-On Test Authorization - Hematopathology

Phone: 509-252-6652 Fax: 509-747-0807

Email: [AllSpokaneSupportServices@cellnetix.com](mailto:AllSpokaneSupportServices@cellnetix.com)

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

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

### 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 Nocturnal Hemoglobinuria (PNH) Panel

### FISH

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

OTHER: \_\_\_\_\_

\_\_\_\_\_  
**REQUIRED** - Physician or authorized designee signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

\_\_\_\_\_  
PRINT NAME

For CellNetix Use Only-

Date Received:

SSS Initials:

Pathologist Initials: