



# Add-On Test Authorization Form

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

**PLEASE COMPLETE THE REQUIRED FIELDS BELOW.**  
*Incorrect or missing information may result in add-on processing delays.*

Patient's Name: \_\_\_\_\_ CellNetix Accession #/Consult Accession #: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_ Collection Date and Time: \_\_\_\_\_

Required Documentation: \_\_\_\_\_ Ordering Facility: \_\_\_\_\_

Insurance (attach copy of insurance card)

Documentation (attach patient chart notes, prior lab work) Ordering Physician/Provider: \_\_\_\_\_

ICD-10 Code(s): \_\_\_\_\_ Ordering Physician/Provider Phone: \_\_\_\_\_

### BREAST

- Breast Panel (ER/PR IHC, HER2 IHC with reflex to HER2 FISH if equivocal)
- ER IHC (semiquantitative)
- PR IHC (semiquantitative)
- ER/PR IHC (semiquantitative)
- HER2 IHC
- HER2 FISH
- Ki67 IHC (semiquantitative w/image analysis)
- PIK3CA (NGS single gene test)
- NGS Breast Panel (AKT1, BRCA1, BRCA2, CDKN2A, ERBB2, ESR1, PIK3CA, PTEN)

### CYTOLOGY - GYN/PAP

- GC/CT (Gonorrhea/Chlamydia)
- High Risk HPV reflex to 16/18 Genotype
- HSV 1&2
- ThinPrep PAP Test
- Trichomonas Vaginalis

### CYTOLOGY - NONGYN

- GC/CT (Gonorrhea/Chlamydia) - Urine
- Trichomonas Vaginalis - Urine
- UroVysion FISH - Urine
- UroVysion FISH - Biliary brushing

### DERM

- BRAF\_V600 targeted mutation analysis (PCR)
- NGS Melanoma Panel (BRAF, NRAS, KIT, CTNNB1, GNAQ, GNA11, GNAS)

OTHER (Please specify test **and** test method): \_\_\_\_\_

### GASTROINTESTINAL

- HER2 IHC Colon
- HER2 IHC Gastric/Esophageal
- KIT + PDGFRA mutation analysis (NGS sequencing)
- MLH1 Promoter Methylation PCR
- MMR (Mismatch Repair) GI IHC
- MSI (Microsatellite Instability) PCR
- PD-L1 (22C3) IHC for Keytruda
- NGS Colon Panel (BRAF, KRAS, MLH1, MSH6, NRAS, PIK3CA, PMS2, POLD1, POLE)

### GENITOURINARY

- PD-L1 (SP142) IHC for Tecentriq

### GYNECOLOGIC

- ER/PR IHC (semiquantitative)
- HER2 IHC only (gastric HER2 criteria for HER2 antibody drug conjugates)
- HER2 IHC with reflex to FISH (breast HER2 criteria for directly targeting HER2)
- HER2 IHC with reflex to FISH (GYN criteria for pure or mixed serous endometrial carcinoma only)
- MLH1 Promoter Methylation
- MMR (Mismatch Repair) GYN IHC
- MSI (Microsatellite Instability) PCR
- p53 IHC
- PD-L1 (22C3) IHC for Keytruda
- NGS GYN Panel (AKT1, BRAF, BRCA1, BRCA2, CTNNB1, ERBB2, FOXL2, KRAS, MAP2K1, MLH1, MLH2, MSH6, PIK3CA, PMS2, POLD1, POLE, PTEN, TP53)

### LUNG

- ALK gene rearrangement FISH
- BRAF mutation analysis (PCR)
- EGFR PCR + ALK/ROS1 FISH + PD-L1 (22C3) IHC for Keytruda
- EGFR PCR with reflex to ALK/ROS1 FISH
- EGFR PCR
- PD-L1 (22C3) IHC for Keytruda
- PD-L1 (28-8) IHC for Opdivo
- PD-L1 (SP142) IHC for Tecentriq
- ROS1 gene rearrangement FISH
- NGS Lung Panel (ALK, ARAF, BRAF, EGFR, ERBB2, KRAS, MAP2K1, MET, MTOR, NRAS, RET, ROS1, TP53 + ALK/ROS1 FISH + PD-L1 IHC)

### THYROID

- Afirma (Veracyte)
- ThyroSeq (UPMC)

### MISC/OTHER TUMOR TYPE

- MMR (Mismatch Repair) IHC
- MSI (Microsatellite Instability) PCR
- PD-L1 (22C3) IHC for Keytruda
- PD-L1 (28-8) IHC for Opdivo
- NGS Symgene 79 Gene Cancer Panel (NGS v1.5 for solid tumors, ALK/ROS1 FISH included)

VISIT [www.cellnetix.com/tests](http://www.cellnetix.com/tests) TO VIEW OUR COMPREHENSIVE TEST MENU.

Contact our Customer Service Team at 844-344-4209 for add-on requests not included on this form or our test menu.

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

\_\_\_\_\_  
 DATE

\_\_\_\_\_  
 TIME

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

FOR CELLNETIX USE ONLY:

Date Received: \_\_\_\_\_