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: _____

Patient's Date of Birth: _____

Required Documentation:
- ☐ Insurance (attach copy of insurance card)
- ☐ Documentation (attach patient chart notes, prior lab work)

ICD-10 Code(s): _____

CellNetix Accession #/Consult Accession #: _____

Collection Date and Time: _____

Ordering Facility: _____

Ordering Physician/Provider: _____

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)

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)

GENITOURNIARY
- ☐ PD-L1 (SP142) IHC for Tecentriq

GYNECOLOGIC
- ☐ ER/PR IHC (semiquantitative)
- ☐ HER2 for Trastuzumab deruxtecan (T-DXd) use
- ☐ HER2 for Trastuzumab use
- ☐ 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)
- ☐ HER2 for Trastuzumab deruxtecan (T-DXd) use for solid tumors

☐ OTHER (Please specify test **and** test method): _____

VISIT 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: _____