



Add-On Test Authorization Form - Hematopathology

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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: _____

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

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 and NPM1 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

- AML Panel
- AML + MDS Panel
- CCND1/IGH
- CLL Panel
- MDS Panel
- MM Panel
- PML/RARA Stat
- TP53 deletion
- Individual probe(s) in AML Panel: _____

- 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