

**Required Information is Highlighted**

CellNetix Pathology & Laboratories



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 07-21-2025

Patient Information				Specimen Information		
PATIENT LAST NAME	FIRST	M.I.	BIRTH SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	GENDER ID <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> X	COLLECTION DATE	TIME
PATIENT D.O.B.	PATIENT SOCIAL SECURITY NUMBER	MRN	RACE/ETHNICITY		ICD-10 CODE(S)	
STREET ADDRESS				Referring MDs		
CITY	STATE	ZIP	PHONE			
Billing Information						
INSURANCE COMPANY NAME AND ADDRESS				CC report to: <u>First and Last Names</u>		
CITY	STATE	ZIP				
INSURANCE/SUBSCRIBER ID#	SUBSCRIBER NAME/RESPONSIBLE PARTY					
INSURANCE/GROUP#	MEDICARE#	<input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY				
SECONDARY	MEDICAID (coupon attached)					
<input type="checkbox"/> NO INSURANCE	WORKER'S COMP	<input type="checkbox"/> YES <input type="checkbox"/> NO				
INTERNAL USE ONLY						

HEMATOPATHOLOGY		
<b>SPECIMEN INFORMATION</b> <input type="checkbox"/> Bone Marrow Aspirate <input type="checkbox"/> CSF (Transport ASAP at 2-8°C) <input type="checkbox"/> Bone Marrow Biopsy <i>Any sample suspected of having prior disease will not be accepted.</i> <input type="checkbox"/> Paraffin Block <input type="checkbox"/> Peritoneal Fluid <input type="checkbox"/> FNA (Transport ASAP at room temperature) <input type="checkbox"/> Pleural Fluid <input type="checkbox"/> Fresh Tissue Biopsy <input type="checkbox"/> Peripheral Blood    Specimen Type: _____ <input type="checkbox"/> Other _____    Media type: _____	<b>DISEASE STATE</b> <input type="checkbox"/> Presentation <input type="checkbox"/> Known Diagnosis <input type="checkbox"/> MRD/Post Therapy (Days post Rx _____) <input type="checkbox"/> Recurrence <b>CLINICAL INFORMATION</b> _____ _____	<b>TISSUE SPECIMENS FOR HISTOLOGY</b> Time in Formalin _____ A _____ B _____ C _____ D _____
<b>Molecular Genetics</b> <input type="checkbox"/> BCR-ABL1 Screen (p210+p190), Quant RT-PCR <input type="checkbox"/> FLT3-ITD and NPM1 by PCR <input type="checkbox"/> BCR-ABL1 p210 Quant RT-PCR <input type="checkbox"/> FLT3-ITD by PCR <input type="checkbox"/> BCR-ABL1 p190 Quant RT-PCR <input type="checkbox"/> FLT3-TKD by PCR <input type="checkbox"/> JAK2_V617F by PCR <input type="checkbox"/> NPM1 by PCR <input type="checkbox"/> CALR Ex9 indels by PCR <input type="checkbox"/> NPM1 MRD by sequencing <input type="checkbox"/> MPL_W515K/L by PCR <input type="checkbox"/> IDH1/2 sequencing <input type="checkbox"/> JAK2_V617F ref to CALR / MPL <input type="checkbox"/> KIT sequencing <input type="checkbox"/> JAK2_V617F ref to CALR / MPL / JAK2_Ex12-16 <input type="checkbox"/> TP53 sequencing <input type="checkbox"/> JAK2_V617F ref to Ex12-16 <input type="checkbox"/> BRAF for HCL and LCH by PCR <input type="checkbox"/> JAK2_Ex12-16 sequencing <input type="checkbox"/> MYD88 by PCR ref to <input type="checkbox"/> FLT3-ITD/TKD and NPM1 by PCR    CXCR4 by sequencing		<b>Flow Cytometry</b> <input type="checkbox"/> CellNetix Pathologist to select testing deemed necessary to provide comprehensive analysis & professional interpretation on referred material <input type="checkbox"/> Mature B, T, & NK Cell Neoplasms <input type="checkbox"/> Precursor Lymphoid Neoplasms (B-ALL, T-ALL) <input type="checkbox"/> Plasma Cell Panel <input type="checkbox"/> Mastocytosis <input type="checkbox"/> Acute Myeloid Leukemia (AML) & Related Precursor Neoplasms <input type="checkbox"/> Myeloproliferative Neoplasms/Myelodysplastic Syndromes <input type="checkbox"/> Paroxysmal Nocturnal Hemoglobinuria (PNH) Panel
<b>Next Generation Sequencing</b> <input type="checkbox"/> NGS_Myeloid Hotspot Panel (37 genes for AML, MPN, MDS, CMML) <input type="checkbox"/> Other _____		<b>FISH</b> <input type="checkbox"/> AML Panel <input type="checkbox"/> MDS Panel <input type="checkbox"/> Individual probe(s) in AML Panel: <input type="checkbox"/> AML + MDS Panel <input type="checkbox"/> MM Panel <input type="checkbox"/> CCND1/IGH <input type="checkbox"/> PML/RARA Stat <input type="checkbox"/> CLL Panel <input type="checkbox"/> TP53 deletion