

**Required Information is Highlighted**

CellNetix Pathology & Laboratories



12501 E. Marginal Way S., Suite 200  
 Tukwila, WA 98148  
 Toll Free (866) 236-8296  
 Billing (877) 340-5884  
 WWW.CELLNETIX.COM  
 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						

ILLUSTRATED PROSTATE			
CYTOLOGY		DIAGNOSTIC AND CLINICAL INFORMATION	
<p><b>CYTOTOLOGY</b></p> <input type="checkbox"/> Urine Cytology <input type="checkbox"/> Second Opinion <input type="checkbox"/> FISH (Uro Vysion) <input type="checkbox"/> Cyto/ Uro Vysion if Cyto Atypical <p><b>HISTORY</b></p> <input type="checkbox"/> History of Bladder Carcinoma <input type="checkbox"/> Other _____	<p><b>SPECIMEN SOURCE</b></p> <input type="checkbox"/> Voided Urine <input type="checkbox"/> Cath Urine <input type="checkbox"/> Ileal Conduit <input type="checkbox"/> Bladder Wash <input type="checkbox"/> Clean Catch <input type="checkbox"/> Other _____	<input type="checkbox"/> R97.20 Elevated PSA <input type="checkbox"/> R31.9 Hematuria <input type="checkbox"/> Z30.2 Sterilization, Vas <input type="checkbox"/> Z85.46 Hx Prostate Cancer <input type="checkbox"/> Z85.51 Hx Bladder Cancer <input type="checkbox"/> D40.0 Neoplasm of uncertain behavior, Prostate	<input type="checkbox"/> D41.4 Neoplasm of uncertain behavior, Bladder <input type="checkbox"/> C67.8 Malignant neoplasm bladder, unspecified <input type="checkbox"/> N40.0 Benign prostate hypertrophy with urinary obstruction <input type="checkbox"/> Other: _____ <p><b>TREATMENT</b></p> <input type="checkbox"/> Resection <input type="checkbox"/> Radiation <input type="checkbox"/> Chemotherapy <input type="checkbox"/> BCG
HISTOLOGY/MOLECULAR			
<input type="checkbox"/> 1 to 6 Core Prostate Biopsy-PRBXX6L <input type="checkbox"/> 6+ Core Prostate Biopsy-PRBXX16L <input type="checkbox"/> Bladder Biopsy	<input type="checkbox"/> Illustrated Report-Case Type PRBX <input type="checkbox"/> Vas Deferens <input type="checkbox"/> Second opinion <input type="checkbox"/> Other <input type="checkbox"/> Other Histology Specimens: _____		
<p>PTEN Reflex (can select more than one):</p> <input type="checkbox"/> HGPIN <input type="checkbox"/> Atypical/Suspicious <input type="checkbox"/> Malignant Gleason Score 6 or 7 <input type="checkbox"/> Other _____			
PROGNOSTIC INFO (Optional for Partin/Kattan Predictions)			
<p>CLINICAL STAGE</p> <input type="checkbox"/> T1c <input type="checkbox"/> T2c <input type="checkbox"/> T2a <input type="checkbox"/> T3 <input type="checkbox"/> T2b	<p>DIGITAL RECTAL EXAM</p> <input type="checkbox"/> Suspicious <input type="checkbox"/> Non-suspicious	<p>HYPOECHOIC LESION</p> <input type="checkbox"/> Previous Biopsy <input type="checkbox"/> None <input type="checkbox"/> Negative <input type="checkbox"/> Suspicious <input type="checkbox"/> Positive	<p>TREATMENT</p> <input type="checkbox"/> Prostatectomy <input type="checkbox"/> Radiation <input type="checkbox"/> Cryotherapy <input type="checkbox"/> Hormonal Block <input type="checkbox"/> TURP
Last Total PSA _____ ng/ml on ____/____/____		Last free PSA _____	