



# 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: \_\_\_\_\_

Kaiser Patient MRN: \_\_\_\_\_ Ordering Facility: \_\_\_\_\_

**Required Documentation:**

- 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
- HGLBCL 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](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 \_\_\_\_\_