Table of Contents

Who We Are .................................................. 3
Annual Notice to Physicians .......................... 4
Licensure and Certification ............................ 9
Client Services ............................................. 10
  Laboratory Locations .................................. 10
  NeoLINK® .................................................. 11
  Client Education ........................................ 12
Billing Services .......................................... 13
  Client ....................................................... 13
  Patient ...................................................... 14
  Third Party ............................................... 15
Specimen Requirements .............................. 16
  Specimen Requirements and Handling Procedures ........................................ 17
  NeoTYPE® Cancer Profiles Specimen Requirements .................................... 18
  Specimen Kits ............................................ 19
  Requisitions and Shipping Instructions ..................................................... 20
About NeoGenomics

Who We Are
NeoGenomics is a leading provider of cancer-focused genetic testing services in the United States, providing excellence in diagnostic, prognostic, and predictive testing. Our state-of-the-art facilities are located across the U.S., including our corporate headquarters in Fort Myers, Florida. In 2017, to expand our services to the European market, we opened our first international laboratory in Rolle, Switzerland. NeoGenomics offers our expertise in the following technologies: Fluorescence In Situ Hybridization, Flow Cytometry, Molecular Genetics, Cytogenetics, Pathology, and Immunohistochemistry.

Common Purpose
We Save Lives by Improving Patient CARE (Communication, Accuracy, Reliability, Efficiency)

Our Vision
By providing uncompromising quality, exceptional service and innovative solutions, we will be the World’s leading cancer testing and information company.

Our Values
• Quality
• Integrity
• Accountability
• Teamwork
• Innovation

Our Quality Program
NeoGenomics Laboratories strives to consistently meet or exceed customer satisfaction and service requirements by continually improving its processes for the benefit of the cancer patient. That is, We Save Lives by Improving Patient CARE (communication, accuracy, reliability, and efficiency). While Quality is the shared responsibility of all employees, the Quality Department supports the organization by implementing and monitoring the Quality Management System (QMS). The Quality Team is responsible for maintaining and communicating metrics, including Voice of the Customer (VOC), managing document control, proficiency testing, and nonconforming event processes. Quality works extensively with the business to identify and implement process improvements and performs internal audits to verify that processes meet requirements.
Dear Valued Client,
At NeoGenomics Laboratories, Inc. (“NeoGenomics”), we are committed to full compliance with all applicable federal and state laws and regulations, third party payer requirements, and industry best practices. To that end, and consistent with recommendations of the Office of the Inspector General (“OIG”) for the U.S. Department of Health and Human Services Compliance Program Guidance for Clinical Laboratories, the purpose of this annual letter is to inform you about certain important laboratory practices and the regulations governing them.

Medical Director Clinical Support
To assist with laboratory testing questions, we encourage you to contact NeoGenomics’ Client Services Department for assistance with any concerns that may arise. Our Medical Team members are also available for professional consultation on global tests performed (technical component (“TC” or “Tech-Only”) testing inclusive of professional component (“PC”) testing, collectively, a “Global Test”). Questions regarding Tech-Only testing should be directed to our Client Services Department, as our Medical Team members are unable to provide professional consultation on Tech-Only cases. Our assigned Medical Directors for each of our major laboratory facilities and other important contact information is listed below for your convenience:

- California (Aliso Viejo) Medical Director: Lawrence Weiss, M.D. - 626.227.6438
- Florida (Fort Myers) Medical Director: Adrian Padurean, M.D. - 239.768.0600, ext. 2342
- Tennessee (Nashville) Medical Director: Christopher Mixon, M.D. - 615.574.6090
- Texas (Houston) Medical Director: David Morgan, M.D. - 713.528.4363, ext. 2313
- Director of Billing: Deena Murphy - 239.768.0600, ext. 3151
- Client Services: 866.776.5907, ext. 3

Medical Necessity
Consistent with coverage requirements issued by the Centers for Medicare and Medicaid Services (“CMS”), we require a completed laboratory test requisition form with each specimen submitted to us for testing that includes a diagnosis from the ordering physician supporting medical necessity before we can perform a laboratory test. CMS also requires a signed physician order be maintained in the patient record for each test ordered or the signature of the ordering physician/pathologist on the test requisition form attesting to the medical necessity of each test, or panel of tests ordered. While NeoGenomics does not accept standing orders or custom profiles, our requisitions have been designed in a manner to allow clients the ability to order the combination of testing that is medically necessary for each patient’s specific diagnosis or condition. When ordering panels of testing, clients should ensure that all components of the panel are medically necessary for the specific patient’s diagnosis and if not, individual tests or a less inclusive panel that do meet medical necessity should be ordered. Components of all panels can be found on the back of the requisition or on www.neogenomics.com. It is important to note that the OIG takes the position that physicians and other authorized individuals who order medically unnecessary tests or who knowingly causes a false claim to be submitted to any federally funded program may be subject to sanctions or remedies available under civil, criminal and administrative law.

We continue to see a significant increase in the number of requests from payers for patient records relating to laboratory tests. Such inquiries almost always include verification of medical necessity for the tests ordered. When we receive such a request, if the requisition forms relating to the tests in question have not been signed by the ordering physician, we are required to contact the patient’s treating physician in order to obtain the signed order in the patient’s medical record or refer such payer to the treating physician’s office. This can be a burdensome and time-consuming exercise for the physician’s office, but can be avoided if the ordering physician simply signs the test requisition in the upper left box of the form verifying the validity and medical necessity of the tests ordered.

In addition to medical necessity requirements, CMS has developed specific National Coverage Determinations (“NCDs”) for certain laboratory tests, which can be accessed on the CMS website at https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx. Further, CMS’ Medicare Access Contractors (“MACs”) and fiscal intermediaries have published Local Coverage Determinations (“LCD”) for certain laboratory tests that are specific to a patient’s geographic location or jurisdiction. Laboratory tests that do not meet applicable NCD or LCD coverage requirements are considered “non-covered tests” and, depending on the circumstances, the patient may be financially responsible. However, in order for the laboratory to bill the patient, Medicare (and other payers) require that a patient sign an Advance Beneficiary Notice (“ABN”) informing them of the non-covered status of a test prior to the test being performed. Since we do not interact directly with patients, it is the responsibility of the ordering physician to be familiar with applicable NCD and LCD coverage rules, including ABN requirements, to ensure that informed medical necessity determinations, which take into consideration a patient’s financial ability, are made for each patient and are supported by a signed order in the patient’s medical record.
Medicare Reimbursement Fee Schedule
Medicare reimburses laboratory testing services through either the Physician Fee Schedule or the Clinical Lab Fee Schedule, depending on the type of test. If you would like a copy of either of these fee schedules, please refer to the Medicare Fee-for-Service Payment section of CMS's website at https://www.cms.gov/Medicare/Medicare.html. Medicaid reimbursement is generally equal to or less than the amount of Medicare reimbursement.

Proficiency Test Handling
In accordance with applicable regulations under the Clinical Laboratory Improvement Act of 1988, as amended (“CLIA”), we are unable to accept client proficiency testing (“PT”) requests. As a rule, any aspect of PT should be exclusively performed by clients at their facilities. It is our policy to immediately return any specimens received for PT to the referring client to ensure CLIA compliance. However, there is an exception whereby we can assist with PT if slide staining or image analysis is necessary for a client to complete the interpretive portion of a PT. In such cases, we may assist with the TC portion of the staining/image analysis of the PT testing and bill the client accordingly.

Patient Privacy (HIPAA)
Under the Health Insurance Portability and Accountability Act (HIPAA), NeoGenomics is a health care provider and a covered entity. It is our policy to fully comply with the HIPAA privacy and security standards. Our privacy policy is available at: http://neogenomics.com/company/regulatory-and-licensing/health-privacy-practices.

Patient Requests for Test Results
In 2014, federal regulations were changed to allow patients to obtain their test results directly from a laboratory. For Global Tests performed by NeoGenomics, we are required to provide a copy of any patient test reports within thirty (30) days of the date on which a patient makes the request in writing. However, we will not explain the results of any such report to a patient as any explanation should come from the patient’s treating physician. In the event that we have only performed the TC testing on a specimen, the patient will be directed to your office to obtain the final test report.

Informed Consent
Some state laws require physicians ordering genetic testing to obtain informed consent from the patient (or legally authorized representative). Although the requirements vary by state, typically, these requirements relate to hereditary or germline cancer tests. It is the treating physician’s responsibility to be knowledgeable of all state laws and/or regulations regarding the appropriate disclosures and documentation necessary for obtaining a patient’s informed consent. To facilitate this, a sample informed consent form can be found on our website at https://neogenomics.com/portals/0/pdf/NEO_ConsentHereditaryCancer_FORM.pdf. Please note that this is only a sample form for informational purposes, and should be tailored by the provider to the specific state laws and patients at issue. We do not make any representations regarding the legal sufficiency of this sample form. We recommend that providers discuss the informed consent form with each patient and have them sign the form prior to sending any samples to NeoGenomics for germline genetic testing.

Requisition Requirements
In addition to having a patient diagnosis indicating the medical necessity for testing (in ICD-10 or narrative description format), each test requisition form must also contain complete patient demographic information including the patient’s full legal name, date of birth (“DOB”), gender, hospital status (inpatient/outpatient/nonpatient), and insurance information, if applicable. If there are two insurances (e.g., Medicare and a secondary payer), all insurance information is required for both payers. For all test requisition forms that indicate that we should bill a third party payer, please also include a copy of the patient’s insurance card with each requisition form. Please note that if any required information is missing on a test requisition form, it may impact turnaround time for the test results while we gather the missing information.

Specimen Requirements
Clients are responsible for submitting specimens which are properly labeled and have two patient identifiers in addition to meeting the submission requirements for all testing requested. For your convenience, a listing of all specimen requirements may be found on our website at https://neogenomics.com/portals/0/pdf/Specimen.pdf. Please be advised that if you send us two blocks for us to choose from, but do not indicate “select best” on the test requisition form, both blocks will be processed. In such case, you may be charged for duplicate processing and testing if the specimen is being submitted as a client-bill specimen. For TC testing, the client must indicate which block should be used for testing, if more than one block is submitted, in order to avoid turnaround delays.
Technical Component/Professional Component Testing
Federal regulations require that any pathologist who performs PC testing be appropriately trained and credentialed for the specialty being tested. The laboratory location releasing the final interpretative test results must also be CLIA certified or possess equivalent state licensure and specialty credentialing. To ensure compliance with applicable law, we are unable to provide services to clients that do not meet these professional and regulatory requirements. It is the responsibility of each of our clients to be knowledgeable of, and current with, applicable federal regulations and state licensing requirements in order to perform PC interpretations on any TC tests ordered from NeoGenomics.

Billing Information and Client Billing
Unless a client indicates that it should be billed on the test requisition form or otherwise has a contract with NeoGenomics providing for a 100% client bill arrangement, we will, whenever possible and permitted by law, directly bill and collect from all insurers, including health care service plans (e.g., health maintenance organizations), federal and state health care programs (e.g., Medicare and Medicaid), and other third party payers. One notable exception to this policy is that we must bill hospital clients for any technical component services for Medicare or payers following Medicare guidelines on in-patients and some out-patients registered with such hospital. Clients should be aware that NeoGenomics may only bill Medicare and Medicaid for testing ordered by a licensed physician, or other individuals authorized by law to order laboratory tests. Physicians must be registered with PECOS (Provider Enrollment, Chain and Ownership System). If your license has been revoked or suspended, it is your responsibility to immediately notify us. Please see our website for more information regarding our specific client billing policies and procedures at http://neogenomics.com/billing/client-billing.

Billing Patients
Clients are advised that patients will receive invoices from NeoGenomics in certain situations. Although, we are an “in-network” or contracted laboratory services provider with over 175 national and regional third party payers, there are certain plans with which we do not have a contract (“out-of-network”). If we are an out-of-network laboratory with a payer and the payer makes payment directly to a patient for the lab services we perform, we must invoice the patient for such services to obtain payment. In addition, in situations in which we are an in-network provider with a patient’s insurance company or government payer such as Medicare, we are contractually obligated to invoice patients for any co-payment, co-insurance or deductible that a payer determines is the patient’s responsibility. Some payers for which we are an in-network laboratory may also deny payment for certain tests that we offer including, but not limited to, some of our newer and more expensive molecular profile panels, because they have not yet established reimbursement for such services or have otherwise determined that they are “non-covered services”. In such situations, we are legally required to make good faith efforts to collect on any amounts due directly from the patients. Although we may offer discounts and/or payment plans to patients in accordance with applicable law, many patients are concerned about the expense of such tests. As stated previously, it is the responsibility of the treating physician to inform each patient of any tests that may not be covered by their insurance and, for Medicare patients, to ask that they sign an ABN which lists the non-covered tests and pricing. This allows each patient to make informed decisions on their care with full knowledge of the financial responsibility they may incur. For your convenience, a form that includes a listing of common non-covered tests and the estimated patient financial responsibility can be found on our website at http://neogenomics.com/Portals/0/pdf/Req/Patient-Notice-of-Financial-Responsibility-for-Non-Covered-Testing.pdf. Beginning in April 2017, we have started to enclose a letter with all patient invoices that explains these policies.

Reflex Laboratory Tests
Consistent with best practices and the standards of care in laboratory medicine, pathologists may order additional laboratory tests (reflex tests) on specimens based on their independent judgment and determination of medical necessity for the patient, as well as the results of other adjunct tests performed on a specimen. Please be advised that in the event you order a Global Test from NeoGenomics, any of our pathologists may, in their discretion as the interpreting pathologist, order additional reflex tests on a specimen based on their independent medical judgment and if clinically indicated for the patient. In such cases, the NeoGenomics interpreting pathologist will use commercially reasonable efforts to contact the ordering physician to discuss the case before ordering the reflex testing. Additional reflex testing on a specimen may result in additional charges to a client if the original testing was ordered on a “client bill” basis. Our discretionary authority to order reflex testing only applies to cases in which NeoGenomics is performing the PC interpretation and such reflex testing is recommended by the reviewing pathologist.

Client Requests for Performance Data
In the event that a regulatory body or certification agency requests test performance and/or quality assurance (“QA”) data for tests we have performed on a client’s behalf, we will use commercially reasonable efforts to provide such information. All requests should be submitted through our Client Services Department and include the exact information required, including any applicable instructions from the regulatory body or certification agency requesting the data. Please allow thirty (30) days to process your request.
De-Identified Test Data
From time to time, we make de-identified test result data available to pharmaceutical companies and other entities engaged in cancer research. In accordance with applicable regulations under the Health Information Privacy and Accountability Act (“HIPAA”), we are permitted to de-identify protected health information (“PHI”) and provide such de-identified information to third parties. None of the data we provide to any third parties contains any PHI protected under HIPAA. If you do not wish for us to de-identify PHI provided by you or created by us from information or specimens you provided to us, or you do not wish for us to provide such de-identified information to third parties, please sign and return the enclosed “NeoGenomics De-Identified Data Opt Out Agreement”.

Infectious Disease Testing
Our laboratory does not currently offer any testing patient samples that are suspected to be infected with easily transmissible diseases such as Creutzfeldt-Jakob Diseases (CJD), Tuberculosis (TB), or Tularemia, as they can potentially harm or infect our employees. As a result, it is our policy to immediately send any such specimens we may receive back to the referring client. If we are unable to ship Category A Infectious diseases at the time, the client will be asked to make arrangements on packaging and picking up their own samples. If the client chooses not to receive the sample back, it will be disposed of as biohazardous waste.

Thank you for your attention in these important matters of mutual concern. To the extent you have questions, please feel free to contact any of the undersigned or Ms. Stephanie Bywater, our Compliance Officer, at 239.768.0600, ext. 2225.

Sincerely,

Douglas VanOort  
Chief Executive Officer

Maher Albitar, M.D.  
Chief Medical Officer

Steven C. Jones  
Chief Compliance Officer

[Signatures]
NeoGenomics De-Identified Data Opt-Out Agreement

From time to time, NeoGenomics Laboratories, Inc. makes de-identified test result data available to pharmaceutical companies and other entities engaged in doing research on cancer. In accordance with applicable regulations under the Health Information Privacy and Accountability Act ("HIPAA") under 45 C.F.R. 164.502(d), we are permitted to de-identify protected health information ("PHI") in accordance with 45 C.F.R. 164.514(a)-(c) and provide such de-identified information to third parties. None of the data provided to any third parties contains any PHI protected under HIPAA. If you do not wish for us to de-identify PHI provided by you or created by us from information or specimens you provided to us, or you do not wish for us to provide such de-identified information to third parties, please fill out the information below and sign and return this form to NeoGenomics.

Client Name ("CLIENT"): ________________________________________________________________

NeoGenomics Client Numbers: ____________________________________________________________

Address: ____________________________________________________________________________

City: __________________________ State: _________________________ Zip: __________________

Contact Name: __________________________ Email: ________________________________

Phone: __________________________ Fax: ____________________________________________

CLIENT hereby elects to Opt-Out of allowing NeoGenomics to i) de-identify PHI provided by it to NeoGenomics, ii) de-identify PHI created by NeoGenomics from information or specimens provided by CLIENT, or iii) provide any such de-identified information to third parties. The undersigned hereby represents and warrants that he/she is authorized to make such election on behalf of CLIENT.

By: ___________________________________________ Date: ______________________

Name: ________________________________________________

Title: ________________________________________________

Please Return Completed Opt-Out Forms To:

Ms. Justine Guido, Manager
Legal Contracting and Administration

NeoGenomics Laboratories, Inc.
12701 Commonwealth Dr., Suite 9
Fort Myers, FL 33913 USA

Phone: 239.768.0600 x2388
Fax: 239.432.5601
Email: justine.guido@neogenomics.com
# Licensure and Certification

## Fort Myers, Florida
- **Medicare Provider:** L9228
- **CLIA:** 10D0998082
- **CAP:** 7178930
- **Florida:** 800017185
- **California:** COS 00800251
- **New York:** 8200
- **Pennsylvania:** 030193
- **Rhode Island:** LCO00801
- **Maryland:** 1397

## Tampa, Florida
- **Medicare Provider:** L9228A
- **CLIA:** 10D2031805
- **CAP:** N/A
- **Florida:** 800017185
- **California:** N/A
- **New York:** N/A
- **Pennsylvania:** N/A
- **Rhode Island:** N/A
- **Maryland:** N/A

## Aliso Viejo, California
- **Medicare Provider:** 05D1021650
- **CLIA:** 05D1021650
- **CAP:** 7181143
- **Florida:** 800020004
- **California:** CLF 00011815
- **New York:** 8178
- **Pennsylvania:** 029318A
- **Rhode Island:** LCO00650
- **Maryland:** 1214

## Fresno, California
- **Medicare Provider:** N/A
- **CLIA:** 05D2080677
- **CAP:** N/A
- **Florida:** N/A
- **California:** CLF00346503
- **New York:** N/A
- **Pennsylvania:** N/A
- **Rhode Island:** N/A
- **Maryland:** N/A

## Pasadena, California
- **Medicare Provider:** CB231795
- **CLIA:** 05D2083526
- **CAP:** N/A
- **Florida:** N/A
- **California:** CLF 00346603
- **New York:** N/A
- **Pennsylvania:** N/A
- **Rhode Island:** N/A
- **Maryland:** N/A

## Houston, TX
- **Medicare Provider:** 402013
- **CLIA:** 45D1021782
- **CAP:** N/A
- **Florida:** N/A
- **California:** COS 00800255
- **New York:** N/A
- **Pennsylvania:** N/A
- **Rhode Island:** N/A
- **Maryland:** N/A

## West Bloomfield, MI
- **Medicare Provider:** MI17129
- **CLIA:** 23D2013964
- **CAP:** N/A
- **Florida:** N/A
- **California:** N/A
- **New York:** N/A
- **Pennsylvania:** N/A
- **Rhode Island:** N/A
- **Maryland:** N/A

## Nashville, Tennessee
- **Medicare Provider:** 3400014
- **CLIA:** 44D1004543
- **CAP:** 7181028
- **Florida:** 800023286
- **New York:** 8333
- **Tennessee:** 4061
- **Pennsylvania:** 030259
- **Rhode Island:** LCO00485
- **Maryland:** 1402

### Important:
For any compliance or licensing issues please do not hesitate to contact NeoGenomics at 866.776.5907.
To view all licenses please visit our website at: [www.neogenomics.com/company/Regulatory-and-Licensing](http://www.neogenomics.com/company/Regulatory-and-Licensing)
At NeoGenomics, we care deeply about our clients’ patients. This is why we provide every client with a dedicated Client Services Advocate. In order to provide the highest level of customer service, Client Service Advocates are trained to answer questions regarding test information, specimen requirements, turnaround times, test add-on, and patient results. Client Services Advocates may also direct calls immediately to a technical or medical expert as necessary or requested. Clients may contact the lab directly at the contact information listed below.

### Client Services

<table>
<thead>
<tr>
<th>Client Services</th>
<th>NeoGenomics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone:</td>
<td>866.776.5907, option 3</td>
</tr>
<tr>
<td>Fax:</td>
<td>239.690.4237 or 239.362.9166</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:Client.Services@neogenomics.com">Client.Services@neogenomics.com</a></td>
</tr>
<tr>
<td>Hours of Operation:</td>
<td>Monday - Friday: 7:00 AM - 2:00 AM Eastern</td>
</tr>
<tr>
<td></td>
<td>Saturday: 7:00 AM - 7:30 PM Eastern</td>
</tr>
<tr>
<td>After Hours:</td>
<td>After normal business hours, 7 days per week</td>
</tr>
</tbody>
</table>

### Specimen Pick-Up and Couriers

<table>
<thead>
<tr>
<th>NeoGenomics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Hours of Operation:</td>
</tr>
</tbody>
</table>

### Client Billing Services

| Telephone: | 888.690.0043 |
| Hours of Operation: | Monday - Friday: 11:00 AM - 7:30 PM Eastern |
| Fax:         | 888.443.4153 |
| Email:       | avclientbilling@neogenomics.com |

### Patient Billing Services

<table>
<thead>
<tr>
<th>Patient Billing Services</th>
<th>NeoGenomics</th>
<th>Clarient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone:</td>
<td>866.776.5907, option 2</td>
<td>888.690.0043</td>
</tr>
<tr>
<td>Fax:</td>
<td>239.690.4236</td>
<td>888.443.4153</td>
</tr>
<tr>
<td>Email:</td>
<td><a href="mailto:billingpatient@neogenomics.com">billingpatient@neogenomics.com</a></td>
<td><a href="mailto:avbilling@neogenomics.com">avbilling@neogenomics.com</a></td>
</tr>
</tbody>
</table>

### Laboratory Locations

**Fort Myers, Florida**

12701 Commonwealth Dr., Suite 9
Fort Myers, FL 33913
Telephone: 239.768.0600
Fax: 239.690.4237

**Tampa, Florida**

10002 Princess Palm Ave., Suite 22B
Tampa, FL 33619
Phone: 239.768.0600

**Aliso Viejo, California**

31 Columbia
Aliso Viejo, CA 92618
Phone: 888.443.3310
949.425.5700
Fax: 949.425.5865

**Fresno, California**

30 River Park Place, Suite 400
Fresno, CA 93720
Telephone: 559.433.6603
Fax: 559.433.6601

**Nashville, Tennessee**

618 Grassmere Park Drive, Unit 20
Nashville, TN 37211
Phone: 615.574.6090
Fax: 615.574.6094

**Houston, Texas**

2575 West Bellfort St., Suite 2001
Houston, TX 77054
Phone: 888.720.4363
713.528.4363
Fax: 713.528.6232

**Rolle, Switzerland**

A-One Business Center
Bâtiment A5, 2nd Floor
Z.A. La Pièce/Route de l’Etraz 1
1180 Rolle, Switzerland
Phone: +41.21.721.06.00
NeoLINK, our web based laboratory reporting product (formerly called APvX), offers the convenience, efficiency, and the flexibility of accessing test results any time through a secure Internet connection. Our system is designed to decrease paperwork while increasing workflow by providing a flexible and efficient means for accessing test results. NeoLINK has been developed with the contribution of medical specialists to provide conveniently easy-to-use features.

Features and Benefits

Test Ordering
- Online Ordering capabilities are quick and efficient
- Add-on testing availability at your fingertips
- Real time tracking of specimen workflow and results

Worklist Management
- Powerful data mining/searching capabilities
- Access to same-patient historical reports
- Online test menu access
- 24/7 access via secure internet connection
- Email notification when cases are ready for review

Tech-Only Features
- Client logo on tech-only report templates
- Custom electronic signatures
- Report customization with optional features case by case
- Customized macros created and stored within NeoLINK by individual or group
- On-demand re-gating for flow cytometry
- Flexible FISH image viewing filtered by color or combined

Collaboration
- Simultaneous user access from multiple locations
- Add clinical notes for review and discussion within a group practice
- Help Desk assistance
- System training available

NeoLINK, HL7, and NeoGenomics

Health Level Seven (HL7) is the most successful messaging standard in the healthcare industry, not only in North America, but also around the world. Formed in the United States in 1987, HL7 has the goal of developing an international set of open standards for data format and content that allows different health information systems to easily and effectively communicate with one another.

At NeoGenomics Laboratories we possess the ability to generate HL7 message files for the integration of our Laboratory Information System to a client’s Electronic Medical Record System. We utilize a custom HL7 Integration Engine to extract the data from our LIS system database and convert it into HL7 message files. NeoGenomics Laboratories also has the ability to generate simple CSV files or any other client requested file format to accommodate your interfacing needs. We strive to provide flexible, yet secure connection options for the retrieval of HL7 messages for our clients. Currently, NeoGenomics can utilize a myriad of connection options that suit your needs. We are able to support, but are not limited to, the following secure connection methods: Secure FTP, site-to-site VPN tunnels, and HTTPS.

For more information on NeoLINK, our Laboratory Reporting System, please contact your local Territory Business Manager.
Accelerate your professional development with our on-demand learning portal. Acquire new skills and understanding of oncology-focused test methodologies through pre-recorded lectures, preparation for professional component case sign-out, and alternative assessment exams.

**Learn more about:**
- Cytogenetics
- FISH (interpretation)
- Flow Cytometry (regating & 10-color)
- Digital Image Analysis with IHC
- Molecular Diagnostics

**On-Demand Training**
Our On-Demand Training provides self-paced learning modules to help you and your organization stay up-to-date with the latest advancements in pathology and oncology laboratory diagnostics. View courses on service demonstrations, FISH signal interpretive training, new assays and technologies, and complete Alternative Assessments to test your knowledge. Assessment certificate PDF files are automatically emailed after assessments are successfully completed. NeoUniversity now has improved functionality for searching and selecting content, navigating on mobile devices, and tracking completed coursework.

**On-Site Training**
For those who prefer in-person instruction, NeoUniversity On-Site will be the right choice. A member of our Medical Staff will join you at your location for FISH and flow cytometry technical training. NeoUniversity gives you the opportunity to train and collaborate with NeoGenomics Medical Staff and your peers in an educational environment. This on-site program occurs multiple times throughout the year and is appropriate for physicians who are interested in providing professional component services for FISH and flow cytometry. Custom-tailored training and curriculum allow for participants to feel confident and prepared to participate in the NeoGenomics TC/PC Program. Ask your local Territory Business Manager for details.

**Registration**
You can sign up for and access NeoUniversity On-Demand Training at training.neogenomics.com. Please allow up to 24 hours to process a new registration request.
Billing Services

Our Billing Department serves clients, patients, and third party payers, including Medicare and Medicaid. In this section you will find detailed information on:

- Client Billing
- Patient Billing
- Third-Party Billing (Managed Care, Medicaid, Medicare, Private Insurance)

For billing questions, please contact our billing team.

For client billing questions:
Phone: 888.690.0043
Fax: 888.443.4153
Email: avclientbilling@neogenomics.com
Hours of Operation: 11:00 AM – 7:30 PM Eastern

For NeoGenomics patient billing questions:
Phone: 866.776.5907, option 2
Fax: 239.690.4236
Email: billingpatient@neogenomics.com

For Clarient patient billing questions:
Phone: 888.690.0043
Fax: 888.443.4153
Email: avbilling@neogenomics.com

Client Billing

Clients will be billed by an itemized invoice that includes the date, patient’s name, accession number, test(s) performed, and the test fees for each specimen completed during the month. Please note that these invoices are payable upon receipt. If you have any questions pertaining to your account, please notify us immediately so that we may resolve them in a timely manner.

Payment Options
If you receive a bill, there are several options for payment:

NeoGenomics Invoices
Make the check or money order payable to NeoGenomics Laboratories, and mail it to:
NeoGenomics Laboratories
P.O. Box 864403
Orlando, FL 32886-4403

Clarient Invoices
Make the check or money order payable to Clarient Diagnostic Services, and mail it to:
Clarient Diagnostic Services, Inc.
P.O. Box 865360
Orlando, FL 32886-5360

Credit or debit card: You may complete the form on your invoice. Or, to pay by phone, please call us at the number below. A receipt can be mailed to you upon request.

For Clients with Clarient Invoices (Online Payment Portal)
For clients with Clarient invoices, please access the online portal for payment of Clarient invoices in our website’s Client Billing section. Please be prepared with your invoice or account number and credit card before clicking on the link. For any questions, please contact the Clarient billing team at 888.690.0043 and press 2.
Patient Billing

NeoGenomics makes billing as flexible as possible by providing many different payment options to our patients and customers. Depending on the arrangement your clinic, hospital, or health insurance plan has with us, you may or may not receive a bill directly from NeoGenomics for all or part of the services provided by us. We do our best to obtain reimbursement from insurers without contacting you. In certain cases, you may also receive an invoice from Clarient Diagnostic Services, a NeoGenomics company.

Some of the circumstances that can result in your receiving a bill from us are:

- You have non-government insurance and are responsible for a co-payment, co-insurance, deductible, and/or non-covered services.
- You have Medicare and are responsible for 20% of the amount Medicare has set as the cost of the test.
- You have Medicare and have signed an ABN (advanced beneficiary notice). In this case, you may owe the difference between what Medicare paid and what they have set as the cost of the test.

Payment Options
If you receive a bill, there are several options for payment:

**NeoGenomics Invoices**
Make the check or money order payable to NeoGenomics Laboratories, and mail it to:
NeoGenomics Laboratories
P.O. Box 864410
Orlando, FL 32886-4403

**Clarient Invoices**
Make the check or money order payable to Clarient Diagnostic Services, and mail it to:
Clarient Diagnostic Services, Inc.
P.O. Box 865360
Orlando, FL 32886-5360

**Credit or debit card:** You may complete the form on your invoice. Or, to pay by phone, please call us at the number below. A receipt can be mailed to you upon request.

**Pay Online:** Coming soon for NeoGenomics patients. For Clarient patients, please see below.

For Patients with Clarient Invoices (Online Payment Portal)
For patients with Clarient invoices, please access the online portal for payment of Clarient invoices in our website’s Patient Billing section. Please be prepared with your invoice or account number and credit card before clicking on the link. For any questions, please contact the Clarient billing team at 888.690.0043 and press option 1.

Please see our website for the following forms:
- Financial Hardship Form (English)
- Financial Hardship Form (Spanish)
Third Party Billing

NeoGenomics Laboratories is a participating provider with Medicare and Medicaid, in addition to a large number of private insurance companies and managed care organizations. NeoGenomics accepts assignment on all insurance payers.

Private Insurance and Managed Care Organizations
As a service to your patients and in compliance with agreements established with insurance and managed care companies, NeoGenomics will bill your patient’s primary insurance or managed care organization directly when provided with complete and accurate billing information. For those insurance companies and managed care organizations where an agreement does not exist with NeoGenomics, we will still file a claim to those carriers.

Medicaid
Medicaid is medical assistance for those people who cannot afford their own health care. Medicaid claims can only be filed after all other third-party resources have been exhausted. Patients should be asked at the time of service if there is other coverage, such as Medicare, Medicaid HMO, or private insurance. When applicable, any Medicare, private insurance, or managed care (HMO) information should also be provided. Medicaid is also for persons that have applied for social security disability, but have not met the 18th month waiting period for Medicare eligibility.

If Medicaid denies payment for non-covered services or eligibility reasons, the patient may be responsible for the payment. Medicaid is always the last source of payment.

Medicare
Medicare continues to reimburse these procedures at 80% of the fee schedule amount and requires that the patient be billed for the remaining 20% coinsurance and any deductible amounts.
Specimen Requirements

This section contains logistical details regarding specimen collection and transportation for specimens being sent to NeoGenomics Laboratories. In the following pages we detail specimen requirements, Specimen Transport Kits, orderable kit components, and how to complete a Test Requisition form.

Specimen Requirements and Handling Procedures

- Specimen Requirements & Handling Procedures – General
- NeoTYPE Cancer Profiles Specimen Requirements and Handling Procedures

Specimen Kits

- General Specimen Transport Kit (large and small)
- Hematopathology Plus+ Kit
- Bladder FISH Kit
- NeoLAB™ Prostate Kit

Test Requisitions and Shipping Instructions

- Hematopathology Requisition (blue)
- Solid Tumor Requisition (green)
- IHC Requisition (orange)
- Hem/Onc Office Requisition (red)
- Oncology Office Solid Tumor Fax Form (blue)
- Innovative Requisition (blue)
- Hereditary Cancer Requisition (purple)
Specimen Requirements and Handling Procedures

The quality of laboratory results is highly dependent upon proper specimen collection and handling. Listed below are specimen requirements and handling procedures for tests performed by NeoGenomics Laboratories.

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Cytogenetics</th>
<th>FISH</th>
<th>Flow Cytometry</th>
<th>Bone Marrow Morphology</th>
<th>IHC</th>
<th>Molecular</th>
<th>Storage and Transportation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Marrow Aspirate</td>
<td>Sodium Heparin 1-2 mL (Green Top)</td>
<td>Sodium Heparin 1-2 mL (Green Top)</td>
<td>EDTA 1mL (Purple Top) provide CBC Sodium Heparin OK if EDTA is not available</td>
<td>EDTA with 4-6 smears/slides</td>
<td>N/A</td>
<td>EDTA 2 mL (Purple Top)</td>
<td>Use cool pack during transport. Overnight delivery or courier pickup.*</td>
</tr>
<tr>
<td>Peripheral Blood</td>
<td>Sodium Heparin 2-5 mL (Green Top)</td>
<td>Sodium Heparin 2-5 mL (Green Top)</td>
<td>EDTA 1mL (Purple Top) provide CBC Sodium Heparin OK if EDTA is not available</td>
<td>EDTA with 2-3 smears/slides</td>
<td>N/A</td>
<td>EDTA 5 mL (Purple Top)</td>
<td>Use cool pack during transport. Overnight delivery or courier pickup.*</td>
</tr>
<tr>
<td>Bone Marrow Core Biopsy and/or Aspirate Clot (10% NBF)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>&gt;1.5 cm core (length) 10x formalin to specimen volume. Additional 2 touch imprints preferred.</td>
<td>1-2 cm core (length) core and clot sent in separate formalin containers</td>
<td>N/A</td>
<td>Use cool pack during transport. Overnight delivery or courier pickup.</td>
</tr>
<tr>
<td>Fresh Bone Marrow Core Biopsy</td>
<td>1-2 cm core (length) tissue in RPMI</td>
<td>1-2 cm core (length) tissue in RPMI</td>
<td>1-2 cm core (length) tissue in RPMI</td>
<td>N/A</td>
<td>N/A</td>
<td>1-2 cm core (length) tissue in RPMI</td>
<td>Use cool pack during transport. Overnight delivery or courier pickup.*</td>
</tr>
<tr>
<td>Fresh/Unfixed Tissue</td>
<td>Tissue in RPMI two pieces minimum 0.2 cm³</td>
<td>Tissue in RPMI two pieces minimum 0.2 cm³</td>
<td>Tissue in RPMI</td>
<td>N/A</td>
<td>N/A</td>
<td>Tissue, fresh in RPMI, or frozen Two pieces minimum 0.2 cm³</td>
<td>Refrigerate and use cool pack during transport, or send frozen if applicable (Molecular only). Overnight delivery or courier pickup.*</td>
</tr>
<tr>
<td>Fluids</td>
<td>Equal part RPMI to specimen volume</td>
<td>Equal part RPMI to specimen volume</td>
<td>Equal part RPMI to specimen volume</td>
<td>N/A</td>
<td>N/A</td>
<td>Equal part RPMI to specimen volume except for CSF. CSF: Freeze undiluted fluid and send on ice.</td>
<td>Refrigerate and use cool pack during transport. Overnight delivery or courier pickup.*</td>
</tr>
<tr>
<td>Paraffin Block or Cut Slide</td>
<td>N/A</td>
<td>Suitable only for select assays: see website to confirm. 1 H&amp;E slide, plus paraffin block or 4 unstained slides cut at 4-5 microns. Use positively-charged slides and 10% NBF fixative. Avoid zinc fixatives.</td>
<td>N/A</td>
<td>FFPE tissue block or 3-4 micron thick tissue sections on positively charged slides, at least 3 slides per antibody. Cut 4-5 microns thick for ISH. No additives in waterbath. See article** for slide use and storage recommendations.</td>
<td>Suitable for select assays: see website to confirm. 1 H&amp;E slide, plus paraffin block or 5-10 unstained slides cut at 5 or more microns. Use positively-charged slides and 10% NBF fixative. Avoid zinc fixatives.</td>
<td>Suitable for select assays: see website to confirm. 1 H&amp;E slide, plus paraffin block or 5-10 unstained slides cut at 5 or more microns. Use positively-charged slides and 10% NBF fixative. Avoid zinc fixatives.</td>
<td>Use cool pack during transport. Overnight delivery or courier pickup.*</td>
</tr>
<tr>
<td>Voided Urine</td>
<td>N/A</td>
<td>33-60 mL voided urine mixed 2:1 with supplied PreservCyt within 30 minutes of collection for total volume ≥50 mL</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>Prostate - see website for instructions</td>
<td>Refrigerate and use cool pack during transport. Overnight delivery or courier pickup.*</td>
</tr>
</tbody>
</table>

* Ship same day as drawn whenever possible; specimens < 72 hours old preferred. (Does not apply to fixed specimens.)


NeoGenomics cannot accept any specimens (fresh or fixed) infected with Category A pathogens including, but not limited to, variant Creutzfeldt-Jakob (mad cow), Tuberculosis, Tularemia, Brucella, etc. For full details, see https://neogenomics.com/client-services/forms-and-kits.
# NeoTYPE® Cancer Profiles Specimen Requirements and Handling Procedures

The quality of laboratory results is highly dependent upon proper specimen collection and handling. Listed below are specimen requirements and handling procedures for NeoTYPE Cancer Profiles.

<table>
<thead>
<tr>
<th>Profile</th>
<th>Peripheral Blood</th>
<th>Bone Marrow</th>
<th>Paraffin Block or Cut Slides</th>
<th>Fresh Tissue</th>
<th>Fine Needle Aspirate (FNA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AML Favorable-Risk, AML Prognostic, JMML, MDS, MPN, Myeloid Disorders (54 genes)</td>
<td>EDTA 5 mL (purple top)</td>
<td>EDTA 2 mL (purple top)</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>AITL/Peripheral T-Cell Lymphoma</td>
<td>EDTA 5 mL (purple top)</td>
<td>EDTA 2 mL (purple top)</td>
<td>Paraffin block preferred. Please use 10% buffered formalin fixative. Do not use zinc fixatives.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>CLL Prognostic</td>
<td>EDTA 5 mL (purple top)</td>
<td>EDTA 2 mL (purple top)</td>
<td>N/A</td>
<td>0.5 - 1 cm² in RPMI</td>
<td>N/A</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>EDTA 5 mL (purple top)</td>
<td>EDTA 2 mL (purple top)</td>
<td>Paraffin block preferred. Please use 10% buffered formalin fixative. Do not use zinc fixatives.</td>
<td>0.5 - 1 cm² in RPMI</td>
<td>N/A</td>
</tr>
<tr>
<td>Colorectal**, Endometrial**, Esophageal**, Gastric**, GI Predictive**, GIST, Head &amp; Neck, Lung, Liver/Biliary, Melanoma, Other Solid Tumor, Ovarian**, Pancreas**, Soft Tissue, Thyroid</td>
<td>N/A</td>
<td>N/A</td>
<td>Paraffin block preferred. Please use 10% buffered formalin fixative. Do not use zinc fixatives.</td>
<td>1 cm² tissue that is mostly tumor in RPMI</td>
<td>Requisition must note specimen is FNA. FFPE cell blocks are acceptable if pathologist attaches note verifying sample has &gt;30% tumor or abnormal cells (required). FNA smears or cells in suspension are not accepted.</td>
</tr>
<tr>
<td>**These 7 Profiles include MSI Analysis which requires an additional sample of normal, non-tumor tissue for comparison testing. Please submit all specimens with one test requisition form. Specimen requirements for normal tissue in order of preference are: 1) 5 mL peripheral blood in EDTA tube OR 2) FFPE tissue slides or block containing only non-tumor tissue. Please label these as &quot;normal tissue&quot;. OR 3) In cases where no alternative tissue is available, we can attempt to isolate non-tumor tissue from FFPE tumor specimen submitted. Note &quot;Use tumor sample for normal tissue&quot; on requisition.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precision (48 genes)</td>
<td>N/A</td>
<td>N/A</td>
<td>Paraffin block preferred. Please use 10% buffered formalin fixative. Do not use zinc fixatives.</td>
<td>1 cm² tissue that is mostly tumor in RPMI</td>
<td>Requisition must note specimen is FNA. FFPE cell blocks are acceptable if pathologist attaches note verifying sample has &gt;30% tumor or abnormal cells (required).</td>
</tr>
<tr>
<td>Discovery (315+ genes)</td>
<td>N/A</td>
<td>N/A</td>
<td>Paraffin block preferred. Please use 10% buffered formalin fixative. Do not use zinc fixatives.</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Liposarcoma Fusion</td>
<td>Use cool pack during transport. Overnight delivery or courier pick-up.*</td>
<td>Use cool pack during transport. Overnight delivery or courier pick-up.*</td>
<td>Paraffin block preferred. Please use 10% buffered formalin fixative. Do not use zinc fixatives.</td>
<td>Refrigerate and use cool pack during transport. Overnight delivery or courier pick-up.*</td>
<td>Use cool pack during transport. Overnight delivery or courier pick-up.*</td>
</tr>
</tbody>
</table>

* Ship same day as drawn whenever possible; specimens < 72 hours old preferred. (Does not apply to fixed specimens.)

NeoGenomics cannot accept any specimens (fresh or fixed) infected with Category A pathogens including, but not limited to, variant Creutzfeldt-Jakob (mad cow), Tuberculosis, Tularemia, Brucella, etc. For full details, see [https://neogenomics.com/client-services/forms-and-kits](https://neogenomics.com/client-services/forms-and-kits).
Specimen Transport Kits Guide

General Specimen Transport Kit
(Large & Small)

Large Kit Inside Dimensions:
7-1/4” L x 5-7/16” W x 2-1/2” H

Small Kit Inside Dimensions:
4-7/8” L x 4-1/4” W x 2-3/8” H

Includes box with foam insert.
Kit Components must be ordered separately.

Available Kit Components:
- 13” x 18” biohazard bag (50 pack)
- *6” x 9” biohazard bag, 3 walls with absorbent (50 pack with absorbent)
- *4” x 6” plain ziplock bag (100 pack)
- *Refrigerant Pack, 3 oz (approximately 48/box)
- 4 mL sodium heparin green-top tube (10 pack)
- 4 mL K2-EDTA lavender top tube (10 pack)
- *6 mL sodium heparin green-top tube (100 pack in rack)
- *6 mL K2-EDTA lavender top tube (100 pack in rack)
- 5-slide slide mailer with 5 slides (10 pack)
- *5-slide slide mailer, empty (10 pack)
- 40 mL vial with 20 mL fill of 10% NBF (12 pack)
- 40 mL vial with 10 mL fill of 10% NBF (24 histopack)
- 120 mL ClickSeal container, sterile
- PreservCyt vials (10 pack)

*Commonly ordered with the General Specimen Transport Kit.

We recommend the General Specimen Transport Kit if you previously used: Neo Heme Basic Kit (small blue kit); HemePlus Kit (small red kit); Neo Solid Tumor Kit (small green kit); Neo FlexKIT (small/large purple kit); NeoSITE BE Kit (gray kit); NeoGenomics IHC Kit (orange kit); NeoGenomics Flow/Cyto Molecular Fresh Kit (blue kit); BE Esophagus FISH Kit.

Hematopathology PLUS+ Kit

Kit Inside Dimensions:
7-1/4” L x 5-7/16” W x 2-1/2” H

Kit Components Included:
- NeoGenomics Hematopathology Plus Box
- 10” x 10” Biohazard Bag with Pouch
- 2 x Vacutainer - 4 mL K2 EDTA Lavender Top Tube
- 2 x Vacutainer - 4 mL Sodium Heparin Green Top Tube
- Vacutainer - 6 mL K2 EDTA Purple Top Tube, Plastic
- Foam - Neo Bone Marrow Insert
- 2 x 20 mL vial with 10 mL fill of 10% NBF in 3” x 4” bags
- 2 x Slide Mailer, 5-slide
- Label - Lot and Expiration
- Refrigerant Pack, 3 oz
- Aqui-Pak, 4 bay absorbent pouch
- 10 x Gold Seal Slides

We recommend the Hematopathology PLUS+ Kit if you are collecting bone marrow samples in an office setting. All components included.

Bladder FISH Kit

Kit Inside Dimensions:
4 5/8” L x 4” W x 4 5/8” H

Kit Components Included:
- NeoGenomics Bladder FISH Box with foam insert
- 10” x 10” Biohazard Bag with Pouch
- 50 mL in supplied clickseal container with 30 mL PreservCyt
- Refrigerant Pack, 3 oz
- Parafilm 2” x 4” piece

NeoLAB™ Prostate Kit

Kit Inside Dimensions:
4 5/8” L x 4” W x 4 5/8” H

Kit Components Included:
- NeoLAB™ Prostate Kit box with foam insert
- 8” x 8” Biohazard bag, 3 wall with absorbent
- Refrigerant Pack, 3 oz
- 2 x Vacutainer - 6 mL K2 EDTA Purple Top Tube, Plastic
- 120 mL ClickSeal container, sterile
- 2 x Aqui-Pak, 4 bay absorbent pouch
- 3 x Patient ID and DOB 2” x 1” Direct Thermal Label
- Parafilm 2” x 4” piece

NeoGenomics supplies are subject to change at any time. Please communicate with your TBM for any new kits/options or kits that may be discontinuing in the near future.
Hematopathology Requisition and Shipping Instructions

Requisition

Shipping Instructions

- Complete Hematopathology Requisition (blue), making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each tube, jar and/or slide. (Each label should have a requisition number, patient name, and DOB). A minimum of two patient identifiers is REQUIRED for each specimen.
- Ensure tube tops and/or slide holders are sealed tightly. Place labeled tubes and/or slide holders into foam insert. Ensure formalin jars are sealed tightly. Place labeled formalin jars separately into small biohazard bag before placing into foam cut-out. Ensure the lid of specimen jar is tightened past the “click” to prevent leakage in transit. Place strip of Parafilm around the lid where it meets the jar for additional protection.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.
Solid Tumor Requisition and Shipping Instructions

**Requisition**

- Complete Solid Tumor Requisition (green), making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each slide holder and/or block. (Each label should have a requisition number, patient name, and patient DOB). A minimum of two patient identifiers is REQUIRED for each slide holder and/or block.
- Ensure slide holders are closed and sealed tightly. Ensure block cassettes are protected in gauze or individual small sealed bags. Place slides and/or blocks into foam insert.
- Lift foam insert from box and place into biohazard bag along with absorbent sheet.
- Remove as much as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.

**Shipping Instructions**

- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
# IHC Requisition and Shipping Instructions

## Requisition

<table>
<thead>
<tr>
<th>Immunochemistry and Special Stain Requisition</th>
<th>Phone: 866.776.5617</th>
<th>Fax: 503.888.4211</th>
</tr>
</thead>
</table>

**Patient Information:**
- **Full Name:** [ ]
- **Age:** [ ]
- **Gender:** [ ]
- **Date of Birth:** [ ]
- **Insurance Card:** [ ]
- **Medical Record #:** [ ]
- **Diagnosis:** [ ]
- **Address:** [ ]
- **Phone:** [ ]
- **Email:** [ ]
- **Referring Physician:** [ ]
- **Address:** [ ]
- **Phone:** [ ]
- **Fax:** [ ]
- **City, ST, ZIP:** [ ]
- **Specimen Origin:** [ ]
- **Collection Date:** [ ]
- **Specimen ID:** [ ]
- **Patient Name:** [ ]
- **DOB:** [ ]

**Clinical History:** [ ]

**Pathology/Cytology Report:** [ ]

**Other Applicable Test Report:** [ ]

**Attaching Global prognostic markers and/or stains with indicated antibody (patient’s medical condition or stage):**

**Attaching global prognostic markers and/or stains with indicated antibody (patient’s medical condition or stage):**

**Specimen Information:**
- **Volume:** [ ]
- **Tissue:** [ ]
- **Fixation:** [ ]
- **Staining:** [ ]
- **Processing:** [ ]
- **Preparation:** [ ]
- **Preservation:** [ ]

**Precautions:**
- Place a label on each slide holder and/or block. (Each label should have a requisition number, patient name, and patient DOB). A minimum of two patient identifiers is REQUIRED for each slide holder and/or block.
- Ensure slide holders are closed and sealed tightly. Ensure block cassettes are protected in gauze or individual small sealed bags. Place slides and/or blocks into foam insert.
- Lift foam insert from box and place into biohazard bag along with absorbent sheet.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.
Hem/Onc Office Requisition and Shipping Instructions

**Requisition**

![Requisition Form Image]

**Shipping Instructions**

- Complete Hem/Onc Office Requisition (red), making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each tube, jar and/or slide. (Each label should have a requisition number, patient name, and DOB). A minimum of two patient identifiers is REQUIRED for each specimen.
- Ensure tube tops and/or slide holders are sealed tightly. Place labeled tubes and/or slide holders into foam insert. Ensure formalin jars are sealed tightly. Place labeled formalin jars separately into small biohazard bag before placing into foam cut-out. Ensure the lid of specimen jar is tightened past the “click” to prevent leakage in transit. Place strip of Parafilm around the lid where it meets the jar for additional protection.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.
3rd Party Material Request Fax Form and Submission Instructions

Requisition

Submission Instructions

- Complete 3rd Party Material Request Fax Form (purple), making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested.

- Fax completed form to the NeoGenomics fax number at 239.690.4237.
Shipping Instructions

- Complete Hereditary Cancer Requisition form (pink), making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Complete Consent for Hereditary Cancer Genetic Testing form. Please note patient and physician or genetic counselor signatures are required on the consent form. Testing will be put on hold until signed consent is received.
- Place a label on each tube. (Each label should have a requisition number, patient name, and DOB). A minimum of two patient identifiers is REQUIRED for each specimen.
- Ensure tube tops are sealed tightly. Place labeled tubes into foam insert.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and consent form and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.
NeoGenomics Laboratories is a specialized oncology reference laboratory providing the latest technologies, testing partnership opportunities, and interactive education to the oncology and pathology communities. We offer the complete spectrum of diagnostic services in molecular, FISH, cytogenetics, flow cytometry, and immunohistochemistry testing through our network of CAP-accredited, CLIA-approved laboratories.

Committed to research as the means to improve patient care, we provide Pharma Services for pharmaceutical companies, in vitro diagnostic manufacturers, and academic scientist-clinicians. We promote joint publications with our client physicians. NeoGenomics welcomes your inquiries for collaborations. Please contact us for more information.