

Eligible patients may receive one RNA-based NTRK NGS Fusion Profile test and one Pan-Trk IHC test (if adequate tissue is submitted), regardless of test results or treatment decision. **No patient, health care program, or beneficiary shall be billed for these tests. The tests shall not be included in a bundled payment to any health care facility including, but not limited to, a hospital. The ordering physician shall not be compensated any fees in connection with this testing, such as for specimen collection, handling, or data reporting.** Program is not valid where prohibited by law. NeoGenomics and Bayer reserve the right to rescind, revoke, or amend the program for any reason without notice.

## Client Information

### Required Information

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Requisition Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Ordering Physician (please print: Last, First): \_\_\_\_\_ NPI #: \_\_\_\_\_

Treating Physician (please print: Last, First): \_\_\_\_\_ NPI #: \_\_\_\_\_

The undersigned certifies that he/she is licensed to order the test(s) listed below and that such test(s) are medically necessary for the care/treatment of this patient.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Opt-Out

I decline to receive supplemental information that may assist in treatment evaluation if my patient's test results are POSITIVE for NTRK gene fusions.

## Patient Information

Last Name: \_\_\_\_\_  Male  Female

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Other Pt ID/Acct #: \_\_\_\_\_

Date of Birth: mm \_\_\_\_ / dd \_\_\_\_ / yyyy \_\_\_\_ Medical Record #: \_\_\_\_\_

Client represents it has obtained informed consent from patient to perform the services described herein.

### Test to be performed:

• **NTRK Expression and NGS Fusion Profile**  
(includes NTRK1 NGS Fusion, NTRK2 NGS Fusion, NTRK3 NGS Fusion, and Pan-TRK IHC)

## Test Requirements

### Diagnostic Requirements

- Metastatic colorectal cancer (mCRC) with known high microsatellite instability (MSI-H)
- Radioactive iodine-refractory differentiated thyroid cancer (RAI-R DTC)

### Specimen Requirements

- FFPE tissue: paraffin block preferred.
- Alternatively, for NGS, send 1 H&E slide plus 5-10 unstained slides cut at 5 microns. Please use positively-charged slides and 10% NBF fixative. Do not use zinc fixatives.  
For IHC, send one (1) unbaked, unstained slide for H&E staining (required) and two to three (2-3) positively charged unstained slides (all cut at 4-5 microns) for each test/antibody ordered.

## Specimen Information

Specimen ID: \_\_\_\_\_ Block ID: \_\_\_\_\_

Fixative/Preservative: \_\_\_\_\_

Collection Date: mm \_\_\_\_ / dd \_\_\_\_ / yyyy \_\_\_\_ Collection Time: \_\_\_\_\_  AM  PM

Retrieved Date: mm \_\_\_\_ / dd \_\_\_\_ / yyyy \_\_\_\_

Hospital Discharge Date: mm \_\_\_\_ / dd \_\_\_\_ / yyyy \_\_\_\_

Body Site: \_\_\_\_\_

Primary  Metastasis – If Metastasis, list Primary: \_\_\_\_\_

Slides # \_\_\_\_\_ Unstained \_\_\_\_\_ Stained \_\_\_\_\_  H&E \_\_\_\_\_

Paraffin Block(s) #: \_\_\_\_\_ Note: Best block will be chosen for test.

## Specimen Retrieval

Client Services will request specimen from Pathology site.

Location of Specimen: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Notes: \_\_\_\_\_

## Specimen Transport Kits

Please contact NeoGenomics Client Services at 1-866-776-5907, option 3, to order Specimen Transport Kits for your sample shipments.

### First time ordering with NeoGenomics?

Please contact NeoGenomics Client Services at 866.776.5907, option 3 to set-up your new account.

### Existing NeoGenomics customers

Please include the pathology report and submit by fax to 1-239-690-4237, or include with specimen shipment in the provided shipper.

**Note:** Please submit a separate requisition for tests outside of the program's scope.

## **Specimen Requirements**

Use cool pack during transport. Please call Client Services Team with any questions regarding specimen requirements or shipping instructions at 866.776.5907 option 1. Please refer to the website for specific details on each specimen.

## **Test Descriptions**

Please see complete test descriptions and all available tests at our website, [www.neogenomics.com](http://www.neogenomics.com).

## **Test Notations**

### **Specimen Usage**

NeoGenomics makes every effort to preserve and not exhaust tissue, but in small and thin specimens, there is a possibility of exhausting the specimen in order to ensure adequate material and reliable results.