

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: _____

Billing Information

Required: Please include face sheet and front/back of patient's insurance card.

Patient Status (Must Choose 1): Hospital Patient (in) Hospital Patient (out) Non-Hospital Patient
Bill to: Client Bill Insurance Medicare Medicaid Patient/Self-Pay
 Split Billing - Client (TC) and Insurance (PC) OP Molecular to MCR, all other testing to Client
 Bill charges to other Hospital/Facility: _____

Prior Authorization # _____ See the NeoGenomics.com Billing section for more info.

Clinical Information

**Required: Please attach patient's pathology report (required), clinical history, and other applicable report(s).
ICD 10 (Diagnosis) Code/Narrative (Required):**

Reason for Referral: _____
 New Diagnosis Relapse Monitoring MRD

Bone Marrow Transplant (required information for Oncology Cytogenetics):

None Autologous Allogeneic Sex Mismatch

Consultation

COMPASS™ Comprehensive evaluation including morphology

Blood and/or Bone Marrow
 Paraffin block for Morphology to follow

COMPASS Select: (Without morphology)

Blood and/or Bone Marrow
- Morphology performed by client
(attach report or forward Morphology report when available)

Lymphoma Consult

Lymph Node/Tissue for Lymphoma*
*Split fresh specimens to RPMI and formalin
 Paraffin block for Morphology to follow

A NeoGenomics pathologist will select medically necessary tests (with any exceptions noted or marked by the client) to provide comprehensive analysis and professional interpretation for the materials submitted.

Please attach CBC for Blood and Bone Marrow (required)

Do not add NGS Profile without prior approval

Flow Cytometry G - Global T - Tech-Only

Attach CBC with all flow requests on blood or bone marrow.

Diagnostic/Prognostic Panels

G T
 Standard L/L Panel (24 Markers)
 Extended L/L Panel (31 Markers)
 N/A B-ALL MRD Panel
 N/A CLL MRD
 CD52 Analysis
 High Sensitivity PNH
 T&B Tissue Panel
 T-Cell Lymphoma Companion Panel
 N/A V-Beta T-Cell Clonality Panel

Specimen Hold Option: Refrigerate and Hold

Tech-Only Opt Out Option: To avoid delay in patient care and as medically necessary for an individual patient, additional markers will be added by the flow lab when abnormal populations are detected. Please refer to NeoGenomics Flow Cytometry Guidelines for additional information on tech-only add-on medical necessity criteria. Tech-only clients may instruct NeoGenomics to not follow this stated criteria by checking this box.

Follow-Up/Add-On panels are available in conjunction with, or after, a Main Panel result has been reported by NeoGenomics or client.

Add-On Tubes

G T
 AML
 B-ALL
 CLL/Mantle Cell Companion
 Erythroid-Mega
 Hairy Cell
 Mast Cell
 Plasma Cell
 Sezary T-Cell
 T-ALL
 T-Cell Receptor/LGL

Follow-Up Panels

G T
 AML
N/A B-ALL
 B-Cell Lymphoma
 Hairy Cell
 Plasma Cell
 T-ALL
 T-Cell Lymphoma

Cytogenetics

Oncology Chromosome Analysis
 Reflex to FISH if cytogenetics is normal (reflex FISH panel must be selected)
 Constitutional Chromosome Analysis
 Products of Conception Chromosome Analysis
 Other: _____

Specimen Hold Option: Culture and Hold (liquid samples & lymph nodes; n/a for solid tissues)

Molecular Genetics

ABL1 Kinase Domain IgVH Hypermutation Analysis MLL-PTD Mutation Analysis
 B-Cell Gene Rearrangement JAK2 V617F - Qualitative MPL Mutation Analysis
 BCR-ABL1 Standard p210, p190 If negative, reflex to JAK2 Exon 12-14 MPN Extended Reflex Panel
 BRAF Mutation Analysis If negative, reflex to CALR MYD88 Mutation Analysis
 Calreticulin (CALR) If negative, reflex to MPL T-Cell Clonality - Beta
 FLT3 ITD/TKD Mutation Analysis JAK2 V617F - Quantitative T-Cell Receptor Gamma
 KIT (c-KIT) JAK2 Exon 12-14

Specimen Hold Options: Freeze & Hold Extract and Hold for possible _____

If no Possible test is indicated for Extract and Hold option, then Freeze and Hold option will be automatically selected.

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.

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: _____

Bone Marrow **[must provide CBC and Path Report]:**

Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____

Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____

Fresh Tissue (Media Type required): _____

Fluid: CSF _____ Pleural _____ Other _____

FNA cell block: _____

Smears: Air Dried _____ Fixed _____ Stained (type of stain) _____

Slides # _____ Unstained _____ Stained _____ H&E _____

Paraffin Block(s) #: _____ Choose best block (global testing only)

Perform tests on all blocks

Comments

FISH G - Global T - Tech-Only

*FRESH SPECIMENS ONLY, NO FFPE

Hematologic FISH Panels

G T	<input type="checkbox"/> ALL (Ph-like)	<input type="checkbox"/> Eosinophilia	G T	<input type="checkbox"/> MDS NY
<input type="checkbox"/>	<input type="checkbox"/> AML Favorable-Risk	<input type="checkbox"/> High-Grade/Large B-Cell Lymphoma	<input type="checkbox"/>	<input type="checkbox"/> MPN
<input type="checkbox"/>	<input type="checkbox"/> CLL*	<input type="checkbox"/> Low-Grade/Small B-Cell Lymphoma*	<input type="checkbox"/>	<input type="checkbox"/> NHL*

Plasma Cell Myeloma Panels - Plasma Cell Enrichment will be performed on all bone marrow samples having plasma cell FISH tests.

G T
 MM/MGUS NY Reflex to MM IgH Complex if IgH positive. (Only available with global panel. Tech-Only clients must use the test add-on process).

MM IgH Complex
 Plasma Cell Myeloma Prognostic NY

Individual Probes

G T Myeloid Disorder Probes <input type="checkbox"/> CBFβ inv(16), t(16;16) <input type="checkbox"/> PML/RARA t(15;17) <input type="checkbox"/> MLL (11q23) <input type="checkbox"/> RUNX1T1/RUNX1 (ETO/AML1) t(8;21) <input type="checkbox"/> Trisomy 8 (Cen 8) <input type="checkbox"/> Trisomy 8 (Cen 8)/20q-(20q12, 20qter) <input type="checkbox"/> 5q-, -5 (5p15, 5q31, 5q33) <input type="checkbox"/> 7q-, -7 (7q31, Cen 7)	G T Plasma Cell Dyscrasia Probes <input type="checkbox"/> CCND1/IgH t(11;14) <input type="checkbox"/> PML/RARA t(15;17) <input type="checkbox"/> FGFR3/IgH t(4;14) <input type="checkbox"/> IgH (14q32) <input type="checkbox"/> IgH/MAF t(14;16) <input type="checkbox"/> p53 (17p13.1 spot count) <input type="checkbox"/> 1p-, 1q+, iso(1q): CDKN2C (1p32), CKS1B (1q21) <input type="checkbox"/> +3/+9 hyperdiploidy (Cen 3, Cen 9)	G T Lymphoma Probes <input type="checkbox"/> ALK for Lymphoma <input type="checkbox"/> ATM (11q22.3) <input type="checkbox"/> BCL2 (18q21) <input type="checkbox"/> BCL6 (3q27) <input type="checkbox"/> CCND1/IgH t(11;14)* <input type="checkbox"/> IgH (14q32)* <input type="checkbox"/> IgH/BCL2 t(14;18) <input type="checkbox"/> MALT1 (18q21)* <input type="checkbox"/> MYC (8q24) <input type="checkbox"/> MYC/IgH/CEN8 t(8;14)* <input type="checkbox"/> Trisomy 12 (Cen 12) <input type="checkbox"/> p53 (17p13.1 spot count) <input type="checkbox"/> 6q- [SEC63 (6q21), MYB (6q23)] <input type="checkbox"/> 13q-/13 (13q14, 13q34)
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Specimen Hold Option: Direct Harvest and Hold for FISH

Next-Gen Sequencing Profiles

Legacy ALL Fusion Profile Legacy AML Molecular Profile + FLT3 (ITD/TKD) and MLL-PTD by PCR
 Legacy AML Molecular Profile Legacy CLL Targeted Profile
 Legacy AML Molecular Profile + FLT3 (ITD/TKD) by PCR Legacy Lymphoid Molecular Profile
 Legacy AML Molecular Profile + MLL-PTD by PCR Legacy Myeloid Molecular Profile
 NexCourse® Complete

WRITE-IN

Any testing ordered in the Write-In section will be sent to a reference laboratory that has NY licensure to perform requested testing. NeoGenomics will facilitate logistics on behalf of the client. NeoGenomics testing will be prioritized.

Other: _____
 Other: _____

FlexREPORT

FlexREPORT™: Please add summary report option to this case.

Specimen Requirements

Refrigerate specimen if not shipping immediately and 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.

Additional Billing Information

Any organization referring specimens for testing services pursuant to this Requisition Form ("Client") expressly agrees to the following terms and conditions.

- 1. Binding Service Order.** This Requisition Form is a legally binding order for the services ordered hereunder ("Services") and Client agrees that it is financially responsible for all tests billable to Client hereunder.
- 2. Third Party Billing by NeoGenomics and Right to Bill Client.** Client agrees to accurately indicate on the front of the Requisition Form that either Client should be billed (e.g., Client receives reimbursement pursuant to a non-fee-for-service basis, including, but not limited to, a capitated, diagnostic related group ("DRG"), per diem, all-inclusive, or other such bundled or consolidated billing arrangement) or NeoGenomics should bill the applicable federal, state or commercial health insurer or other third party payer (collectively, "Payers") for all Services ordered pursuant to this Requisition Form. For all such Services billable to Payers, Client agrees to provide all billing information necessary for NeoGenomics to bill such payer. In the event NeoGenomics: (i) does not receive the billing information required for it to bill any Payers within ten days of the date that any Services are reported by NeoGenomics; (ii) the Services were performed for patients who have no Payer coverage arrangements; or (iii) the Payer identified by Client denies financial responsibility for the Services and indicates that Client is financially responsible, NeoGenomics shall have the right to bill such Services to Client.

Specimen Hold Option Descriptions

To preserve the integrity of samples and avoid unnecessary testing, NeoGenomics Laboratories offers the option of processing samples to maintain specimen integrity for extended periods, without a test order. Any hold order will result in billed charges to the ordering client if testing is not ordered/performed. Specimen Hold Options include:

FISH: Direct Harvest and Hold: FISH specimens will be minimally processed and directly harvested while the cells are still viable. Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Flow Cytometry: Refrigerate and Hold: Flow cytometry samples will be refrigerated and retained for one week, however, optimal stability is within 72 hours of draw.

Molecular Testing: Freeze and Hold: Molecular samples will be isolated, preserved using a freezing mix, and stored in a freezer. **Use this option when it is uncertain which test(s) may be added.** Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Extract Nucleic Acid and Hold: Nucleic acid (DNA or RNA) will be isolated from viable cells and stored in a freezer. **Use this option when it is known which test(s) may be added and make note of which possible tests on test requisition.** Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Test Descriptions

Please see complete test descriptions and all available tests at our website, 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.

FlexREPORT™

FlexREPORT can be ordered on any global or tech-only testing referred to NeoGenomics. This report template can be used to import data and images collected from testing performed outside of NeoGenomics, and incorporated into a one page summary report. Client logo and contact information will be in the header of the FlexREPORT.

FISH

Plasma cell myeloma FISH panels: Plasma cell enrichment will be performed on bone marrow and blood samples having plasma cell FISH. Sample should be received at NeoGenomics Laboratories within 72 hours of collection.