

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):

- Non-Hospital Patient
 Hospital Patient (in)
 Hospital Patient (out)
See back for definitions.

Bill to:

- Insurance Patient/Self-Pay
 Medicare Medicaid Client Bill
 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
 None Autologous Allogeneic Sex Mismatch

Consultation

COMPASS™ Comprehensive evaluation including morphology

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

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

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 Report]:
Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____
 Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____
 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

Required Items

- Patient Demographics Pathology Report
 Copy of Insurance Card Clinical History
 CBC Within Last 30 Days Relevant Treatment History

NeoTYPE® Cancer Profiles

- AITL/Peripheral T-Cell Lymphoma Profile
 AML Prognostic Profile
 CLL Prognostic Profile
 Lymphoma Profile
 MDS/CMML Profile
 Myeloid Disorders Profile

NeoLAB® Heme Liquid Biopsy (Plasma Testing)

- AML Profile Myeloid Disorders Profile
 BTK Inhibitor Acquired Resistance Panel Other (Please see back for available options)
 MDS/CMML Profile

Solid Tumor Liquid Biopsy

Special tubes and handling required. Please see website or call Client Services.

- NeoLAB® Solid Tumor Liquid Biopsy InVisionFirst®-Lung

PIK3CA Mutation CDx - Plasma: call Client Services.

Staging: 0 I II III IIIA IIIB IV Note: _____

Flow Cytometry

Special tubes and handling required. Please see website or call Client Services.

Diagnostic/Prognostic Panels

- Standard L/L Panel (24 Markers) CD52 Analysis
 Extended L/L Panel (31 Markers) CLL MRD
 B-ALL MRD High Sensitivity PNH
 Myeloma MRD

Cytogenetics

- Oncology Chromosome Analysis
 Reflex to FISH if cytogenetics is normal (reflex FISH panel must be selected)

Molecular Genetics

- ABL1 Kinase Domain (Gleevec® resistance)
 B-Cell Gene Rearrangement
 BCL2, t(14;18)
 BCR-ABL1 Standard p210, p190
 Reflex to ABL1 if BCR-ABL1 Standard p210, p190 is positive
 BRAF
 BTK Inhibitor Acquired Resistance Panel
 BTK Inhibitor Primary Susceptibility Panel
 BTK Mutation
 Calreticulin (CALR)
 CCND1 (BCL1, t(11;14))
 CEBPA
 CXCR4
 ETV6-RUNX1 (TEL-AML1) t(2;21)
 FLT3 ITD/TKD Mutation Analysis
 IDH1 & IDH2
 IgH Clonality/MRD by NGS
• Baseline testing of original primary sample required
 IgVH Hypermutation Analysis
 inv(16) CBFB-MYH11
 JAK2 Exon 12-14
 JAK2 V617F - Qualitative
 If negative, reflex to JAK2 Exon 12-14
 If negative, reflex to CALR
 If negative, reflex to MPL
 JAK2 V617F - Quantitative
 KIT
 MLL-PTD Mutation Analysis
 MPL
 MPN Extended Reflex Panel
 MYD88
 NPM1 MRD Analysis
 NPM1 Mutation Analysis
 PML- RARA, t(15;17)
 PLC-Gamma-2
 RUNX1-RUNX1T1 (AML1-ETO), t(8;21)
 STAT3
 T-Cell Receptor Gamma
 T-Cell Receptor Beta
 Other _____

FISH

- ALL, Adult
 B-ALL, Ph-Like
 AML Standard
 AML Non-Favorable Risk
 BCR/ABL1/ASS1 t(9;22)
 CLL
 Eosinophilia
 High-Grade/Large B-Cell Lymphoma w/BCL6 (3q27), MYC (8q24), BCL2 (18q21)
 Add MYC/IgH/CEN8 t(8;14)
 High-Grade B-Cell Lymphoma Reflex
 Low-Grade/Small B-Cell Lymphoma
 MDS Extended
 MDS Standard
 MPN
 NHL
 Plasma Cell Myeloma
 Do not reflex to IgH Complex
 Plasma Cell Myeloma IgH Complex
 Plasma Cell Myeloma Prognostic Panel
 Other _____
 Other _____

Plasma Cell Enrichment will be performed on all bone marrow and blood samples having plasma cell FISH tests.

Specimen Requirements

Liquid biopsy tests InVisionFirst®-Lung and NeoLAB®Solid Tumor Liquid Biopsy: Do not refrigerate. Special collection tubes and shipping requirements apply. Please contact Client Services for kits and see instructions provided in kit.

All other tests: 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.

Definitions of Patient Status for Specimen Origin

Non-Hospital Patient: Patient is not registered at a hospital (neither an in-patient nor out-patient)

Hospital Patient (in): Patient is registered and admitted to a hospital overnight

Hospital Patient (out): Patient is registered and admitted to a hospital, then discharged before the end of the day

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.

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.

NeoLAB® Heme Liquid Biopsy

Other available heme NeoLAB® tests are FLT3, IDH1, IDH2, inv(16) CBFβ-MYH11, KIT, KRAS, NPM1, NRAS, PML-RARA, and RUNX1-RUNX1T1 (AML1-ETO) t(8;21).

InVisionFirst®-Lung

InVisionFirst®-Lung liquid biopsy testing is performed by Invivata. See www.neogenomics.com for test details.