

**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  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  In Remission  Monitoring  
 Staging:  0  I  II  III  IIIA  IIIB  IV Note: \_\_\_\_\_

**Consultation**

- Surgical Pathology Consult**
- Differential Diagnosis:**
- Add NGS Tumor Profile if indicated \_\_\_\_\_

A NeoGenomics pathologist will select medically necessary tests to provide comprehensive analysis and professional interpretation for the materials submitted.

**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 Retrieval**

Client Services will request specimen from Pathology site.

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

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

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

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

Note: \_\_\_\_\_

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

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

**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 \_\_\_\_\_

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

Paraffin Block(s) #: \_\_\_\_\_  **Choose best block** (global testing only)

**Perform tests on all blocks**

**Breast Marker & GI HER2 Fixation (CAP/ASCO Requirement for Breast and Non-Breast)**

Cold ischemic time ≤ 1 hour:  Yes  No  Unknown

10% neutral buffered formalin:  Yes  No  Unknown

HER2/ER/PgR Fixation duration 6 to 72 hours:  Yes  No  Unknown

**Breast Cancer**

- \*ER/PgR/HER2\*\*
- \*ER/PgR/HER2\*\*/Ki67
- \*ER/PgR/HER2\*\*/Ki67/p53
- Individual Stains:
  - ER  PgR  HER2\*\*  Ki67  p53
- \*Reflex to global PD-L1 SP142 TNBC if global ER/PgR/HER2 panel is negative
- \*\*For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here:  Do not reflex 2+.
- HER2 (FISH)
  - Reflex to HER2 IHC if HER2 FISH result is Group 2, 3, or 4 (see back)
  - For global HER2 FISH: Send path report. If HER2 IHC has been interpreted elsewhere: Send IHC report and also send HER2 IHC slide if result is 2+.
- PD-L1 SP142 FDA (TECENTRIQ®) for TNBC Breast
- PIK3CA Mutation CDx, Breast Cancer Index® (BCI):** separate requisitions required, see website.

**Colorectal Cancer**

- MMR IHC
  - Reflex to BRAF if MLH1 IHC is not expressed
  - Reflex MMR to \_\_\_\_\_ if MMR \_\_\_\_\_
- Microsatellite Instability (MSI) Non-tumor tissue is required.
  - Reflex to MMR if MSI is high
  - Reflex to BRAF if MLH1 IHC is not expressed
- New York RAS/RAF Panel
- Test4TRK Sponsored Testing Program:** separate requisition required, see website.

**Brain Cancer**

- New York CNS Molecular Profile

**Thyroid Cancer**

- BRAF (Molecular)
- KRAS
- Test4TRK Sponsored Testing Program:** separate requisition required, see website.

**Head and Neck Cancer**

- PD-L1 22C3 FDA (KEYTRUDA®) for HNSCC

**Lung Cancer**

- New York Lung Targeted Profile (Mol.)<sup>▲</sup>
  - Add ALK/RET/ROS1 FISH & PD-L1 22C3 IHC
- Oncomine™ Dx Target Test
- PD-L1 22C3 FDA (KEYTRUDA®)
- PD-L1 28-8 FDA (OPDIVO®+YERVOY®)
- PD-L1 SP142 FDA (TECENTRIQ®)
- EGFR (Mol.), ALK (FISH), ROS1 (FISH), BRAF (Mol.) Results will be reported separately.
- ALK (FISH)
- EGFR (Mol.)
- KRAS (includes G12C mutation)
- ROS1 (FISH)

**Bladder Cancer**

- Bladder Cancer FISH (urine only)
- FGFR CDx Molecular Analysis
- PD-L1 22C3 FDA (KEYTRUDA®)
- PD-L1 SP142 FDA (TECENTRIQ®)
- PD-L1 SP263 FDA (IMFINZI™)

**Ob/Gyn**

- PD-L1 22C3 FDA (KEYTRUDA®) for Cervical

**Melanoma**

- New York Melanoma Targeted Profile (NGS)
- ThxID® BRAF Mutation Analysis
- BRAF (molecular)

**GI Cancer**

- HER2 (IHC)\*
  - Reflex to HER2 (FISH) if HER2 (IHC) is:
    - 0  1+  3+
  - \*For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here:
    - Do not reflex 2+
- HER2 (FISH)
  - Reflex to HER2 (IHC) if HER2 (FISH) is:
    - positive  negative  indeterminate
- KIT (Molecular)
- PD-L1 22C3 FDA (KEYTRUDA®) for ESCC (Esophageal)
- PD-L1 22C3 FDA (KEYTRUDA®) for Gastric/GEA

**Other/Pan-Cancer Testing**

- BRAF (Mol.)
- KIT (Mol.)
- KRAS (Exons 2-4)
- MLH1 Promoter Methylation (Mol.)
- NRAS (Exon 2-4)
- NexCourse® Complete<sup>▲</sup>
- Pan-TRK (IHC)
- Other Molecular \_\_\_\_\_
- Other FISH \_\_\_\_\_
- Other IHC \_\_\_\_\_

## 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.

## 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.

### Breast HER2, ER, PgR (IHC) and Breast HER2 (FISH)

Breast specimens undergoing any of these tests should be invasive breast cancer or the invasive component of the breast cancer fixed in 10% neutral buffered formalin for at least 6 hours and no longer than 72 hours.

For global breast HER2 FISH cases, NeoGenomics will (if requested) reflex FISH to HER2 IHC if FISH results are consistent with CAP/ASCO 2018 result Groups 2, 3, or 4 for dual-probe ISH assays.

- Group 2: HER2/CEP17 ratio  $\geq$  2.0 and average HER2 copy number  $<$  4.0 signals/cell
- Group 3: HER2/CEP17 ratio  $<$  2.0 and average HER2 copy number  $\geq$  6.0 signals/cell
- Group 4: HER2/CEP17 ratio  $<$  2.0 and average HER2 copy number  $\geq$  4.0 and  $<$  6.0 signals/cell

If ordering global HER2 FISH after HER2 IHC was already interpreted outside NeoGenomics, please send the HER2 IHC result and the path report. If that IHC result was 2+, please submit the HER2-stained IHC slide to NeoGenomics with the FISH order so that we may correlate our analysis. This includes stain-only cases that were not scanned by NeoGenomics. If outside HER2 IHC results were other than 2+, we do not request the IHC slide but still request the HER2 IHC report.