New York State Solid Tumor Requisition

Phone 866.776.5907 / Fax 239.690.4237
neogenomics.com

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 ☐ In Remission ☐ Monitoring

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

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: _____

☐ 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**

Breast Marker & GI HER2 Fixation (CAP/ASCO Requirement)

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

G - Global **G-IA -** Global with Image Analysis **T -** Tech-Only/Stain-Only **T-IA -** Tech-Only with Image Analysis
T-SQnt - Tech-Only with Semi-Quantitative interpretation by client
T-Qual - Tech-Only with Qualitative interpretation by client

Reflex options are available with global test orders only. Tech-only clients must use the test add-on process.

Consultation

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

☐ **Surgical Pathology Consult**

☐ Add NGS Tumor Profile if indicated

Differential Diagnosis:

_____

_____

Breast Cancer

G-IA T-IA T

☐* ☐ ☐ ER/PgR/HER2**

☐* ☐ ☐ ER/PgR/HER2**/Ki67

☐* ☐ ☐ ER/PgR/HER2**/Ki67/p53

☐ ☐ ☐ Individual Stains:
☐ ER ☐ PgR ☐ HER2** ☐ Ki67 ☐ p53

- Reflex to HER2 Breast FISH ☐ **G** ☐ **T** if global HER2 IHC is: ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+

☐* 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 Breast FISH unless marked here:
☐ Do not reflex 2+

G T

☐ N/A EGFR (Molecular)

☐ ☐ HER2 Breast FISH

- Reflex to HER2 IHC ☐ **G-IA** ☐ **T-IA** ☐ **T** if global HER2 Breast 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 CDx: see website for required order form
Breast Cancer Index® (BCI): see Breast Cancer Test Req.

Thyroid Cancer

☐ BRAF (Molecular) ☐ KRAS

Test4TRK Sponsored Testing Program:
separate requisition required, see website.

Colon Cancer & Lynch Syndrome

Mismatch Repair/MMR (IHC)

☐ **G-IA** ☐ **T-IA** ☐ **T-SQnt** ☐ **T-Qual**

☐ Reflex to BRAF (Molecular) if global MLH1 (IHC) is not expressed

☐ Reflex MMR to _____ if MMR _____

☐ MSI (Molecular) - NOTE: Non-tumor tissue also required; please see website.

- Reflex to MMR (IHC) if MSI is high
  ☐ **G-IA** ☐ **T-IA** ☐ **T-SQnt** ☐ **T-Qual**
  ☐ Reflex to BRAF (Molecular) if global MLH1 is not expressed

☐ BRAF (Molecular)

☐ KRAS (Exons 2-4)

☐ NRAS (Exons 2-4)

Test4TRK Sponsored Testing Program:
separate requisition required, see website.

Melanoma

☐ BRAF (Molecular)

☐ ThxID® BRAF Mutation Analysis

Head and Neck Cancer

G T

☐ N/A PD-L1 22C3 FDA (KEYTRUDA®)

☐ ☐ p16 (IHC)

☐ ☐ EBER (ISH)

NGS Tumor Profiling

☐ New York CNS Molecular Profile

☐ New York RAS/RAF Panel

☐ New York Lung Targeted Profile* (Mol.)
☐ Add ALK/RET/ROS1 FISH & PD-L1 22C3 IHC (global)

☐ New York Melanoma Targeted Profile

☐ NexCourse® Complete*

*EGFR PCR will be added to lung specimens submitted for this Profile if insufficient for NGS.

Other Testing

☐ **G** *** **T** PD-L1 22C3 (KEYTRUDA®) for Cervical

☐ Other Molecular _____

☐ **G** ☐ **T** Other _____

Lung Cancer

G T

☐ ☐ ALK, D5F3 IHC (lung, FDA)

☐ ☐ cMET IHC

☐ *** PD-L1 22C3 FDA (KEYTRUDA®)

☐ *** PD-L1 28-8 FDA (OPDIVO®+YERVOY®)

☐ *** PD-L1 SP142 FDA (TECENTRIQ®)

☐ ☐ ROS1 IHC

☐ ☐ ALK Lung FISH:

- Reflex to ROS1 FISH if global ALK FISH is negative ☐ **G** ☐ **T**

☐ N/A BRAF (Molecular)

☐ N/A EGFR (Molecular including T790M):

- Reflex to ALK Lung FISH if EGFR is negative ☐ **G** ☐ **T**
  – Reflex to ROS1 FISH if global ALK Lung FISH is negative ☐ **G** ☐ **T**
- Reflex to concurrent ALK/ROS1 FISH if EGFR is negative ☐ **G** ☐ **T**

☐ N/A KRAS (includes G12C mutation)

- Reflex to concurrent EGFR (Mol)+ALK/ROS1 FISH if KRAS negative ☐ **G** ☐ **T**

☐ N/A Oncomine™ Dx Target Test

☐ ☐ ROS1 FISH

Bladder Cancer

G T

☐ ☐ Bladder Cancer (FISH)

☐ N/A FGFR CDx Molecular Analysis

☐ *** PD-L1 22C3 FDA (KEYTRUDA®)

☐ *** PD-L1 SP142 FDA (TECENTRIQ®)

☐ *** PD-L1 SP263 FDA (IMFINZI™)

GI Cancer

G T

☐ ☐ HER2 (IHC)**

- Reflex to HER2 Non-Breast FISH ☐ **G** ☐ **T** if Global HER2 IHC is: ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+

**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 Non-Breast FISH unless marked here:
☐ Do not reflex 2+

☐ ☐ HER2 Non-Breast FISH

- Reflex to HER2 IHC ☐ **G** ☐ **T** if global HER2 Non-Breast FISH is: ☐ positive ☐ negative ☐ indeterminate

☐ *** PD-L1 22C3 FDA (KEYTRUDA) for Gastric/GEA

☐ *** PD-L1 22C3 FDA (KEYTRUDA) for ESCC (Esoph.)

☐ N/A KIT (Molecular)

Molar Pregnancy

☐ p57 (IHC, tech-only) ☐ Ki67 (IHC, tech-only)

***PD-L1 IHC Tech-Only

Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test.

☐ PD-L1 22C3 Cervical
☐ PD-L1 22C3 ESCC (Esoph.)
☐ PD-L1 22C3 Gastric
☐ PD-L1 22C3 HNSCC
☐ PD-L1 22C3 NSCLC
☐ PD-L1 22C3 Urothel. Carc.
☐ PD-L1 28-8 OPDIVO®
☐ PD-L1 28-8 OPDIVO®+YERVOY®
☐ PD-L1 SP142 NSCLC
☐ PD-L1 SP142 TNBC (Breast)
☐ PD-L1 SP142 Urothel. Carc.
☐ PD-L1 SP263

FlexREPORT™

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

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.
If ordered in conjunction with testing that NeoGenomics has NY licensure to perform, the NeoGenomics testing will be prioritized, and remaining sample will be forwarded to a reference lab that has NY licensure to perform the remaining requested testing.

☐ Other: _____

☐ Other: _____

☐ Other: _____

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.

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 ≥ 2.0 and average HER2 copy number < 4.0 signals/cell
- Group 3: HER2/CEP17 ratio < 2.0 and average HER2 copy number ≥ 6.0 signals/cell
- Group 4: HER2/CEP17 ratio < 2.0 and average HER2 copy number ≥ 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.

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.

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