

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 Please attach CBC with all flow requests on blood or bone marrow (required).

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

Diagnostic/Prognostic Panels

G T
 Standard L/L Panel (24 Markers)
 Extended L/L Panel (31 Markers)
 N/A B-ALL MRD
 N/A CD4/CD8 Ratio for BAL
 CD52 Analysis
 N/A CLL MRD
 High Sensitivity PNH
 Myeloma MRD
 T&B Tissue Panel
 T-Cell Lymphoma Companion Panel
 N/A V-Beta T-Cell Clonality Panel

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
 B-ALL
 B-Cell Lymphoma
 Hairy Cell
 Plasma Cell
 T-ALL
 T-Cell Lymphoma

G - Global **T** - Tech-Only

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.

FISH **G** - Global **T** - Tech-Only

Hematologic FISH Panels

G T <input type="checkbox"/> ALL, Adult <input type="checkbox"/> ALL, Ph-Like <input type="checkbox"/> AML Standard <input type="checkbox"/> AML Favorable-Risk <input type="checkbox"/> AML Non-Favorable Risk <input type="checkbox"/> CLL (fresh specimens only)	G T <input type="checkbox"/> Eosinophilia <input type="checkbox"/> High-Grade/Large B-Cell Lymphoma w/BCL6 (3q27), MYC (8q24), BCL2 (18q21) <input type="checkbox"/> Add MYC/IgH/CEN8 t(8;14) <input type="checkbox"/> High-Grade B-Cell Lymphoma Reflex <input type="checkbox"/> Low-Grade/Small B-Cell Lymphoma	G T <input type="checkbox"/> MDS Extended <input type="checkbox"/> MDS Standard <input type="checkbox"/> MPN <input type="checkbox"/> NHL
--	---	--

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

G T
 Plasma Cell Myeloma - Do not reflex to IgH Complex (applies to global only; tech-only will not reflex)
 Plasma Cell Myeloma IgH Complex
G T
 Plasma Cell Myeloma Prognostic Panel

Individual Probes

G T <input type="checkbox"/> 1p36 Deletion <input type="checkbox"/> ALK for Lymphoma <input type="checkbox"/> BIRC3 (API2)/MALT1 t(11;18)	G T <input type="checkbox"/> BCR/ABL1/ASS1 t(9;22) <input type="checkbox"/> CDKN2A (p16) Deletion for ALL <input type="checkbox"/> DUSP22-IRF4 Rearrangement <input type="checkbox"/> IgH/MAFB t(14;20)	G T <input type="checkbox"/> JAK2 (9p24.1) <input type="checkbox"/> MYC/IgH/CEN8 t(8;14) <input type="checkbox"/> NUP98 <input type="checkbox"/> PML/RARA t(15;17) <input type="checkbox"/> Other _____
---	--	---

Specimen Hold Option: Direct Harvest and Hold for FISH

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

Cytogenetics

Oncology Chromosome Analysis
 Reflex to FISH if cytogenetics is normal (reflex FISH panel must be marked)
 Constitutional Chromosome Analysis
 Products of Conception Chromosome Analysis
 Reflex to NeoARRAY™ SNP/Cytogenetic Profile if cytogenetics are unsuccessful
 Reflex to NeoARRAY SNP/Cytogenetic Profile if cytogenetics are normal
 Other: _____

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

Molecular Genetics

<input type="checkbox"/> ABL1 Kinase Domain (Gleevec® resistance) <input type="checkbox"/> B-Cell Gene Rearrangement <input type="checkbox"/> BCL2, t(14;18) <input type="checkbox"/> BCR-ABL1 Standard p210, p190 <input type="checkbox"/> Reflex to ABL1 if BCR-ABL1 Standard p210, p190 is positive <input type="checkbox"/> BRAF <input type="checkbox"/> BTK Inhibitor Acquired Resistance Panel <input type="checkbox"/> BTK Inhibitor Primary Susceptibility Panel <input type="checkbox"/> BTK Mutation <input type="checkbox"/> Calreticulin (CALR) <input type="checkbox"/> CCND1 (BCL1, t(11;14)) <input type="checkbox"/> CEBPA <input type="checkbox"/> CXCR4	<input type="checkbox"/> ETV6-RUNX1 (TEL-AML1) t(12;21) <input type="checkbox"/> FLT3 Mutation Analysis <input type="checkbox"/> IDH1 & IDH2 <input type="checkbox"/> IgH Clonality/MRD by NGS <input type="checkbox"/> IgH Hypermutation Analysis <input type="checkbox"/> inv(16) CBFB-MYH11 <input type="checkbox"/> JAK2 V617F - Qualitative <input type="checkbox"/> If negative, reflex to JAK2 Exon 12-14 <input type="checkbox"/> If negative, reflex to CALR <input type="checkbox"/> If negative, reflex to MPL <input type="checkbox"/> JAK2 V617 - Quantitative <input type="checkbox"/> JAK2 Exon 12-14 <input type="checkbox"/> KIT	<input type="checkbox"/> MLL-PTD Mutation Analysis <input type="checkbox"/> MPL <input type="checkbox"/> MPN Extended Reflex Panel <input type="checkbox"/> MYD88 <input type="checkbox"/> NPM1 Mutation Analysis <input type="checkbox"/> NPM1 MRD Analysis <input type="checkbox"/> PML - RARA, t(15;17) <input type="checkbox"/> PLC-Gamma-2 <input type="checkbox"/> Rapid AML Therapeutic Panel <input type="checkbox"/> RUNX1-RUNX1T1 (AML1-ETO), t(8;21) <input type="checkbox"/> STAT3 <input type="checkbox"/> T-Cell Receptor Gamma <input type="checkbox"/> T-Cell Receptor Beta <input type="checkbox"/> Other _____
--	---	---

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.

NeoTYPE Cancer Profiles

G - Global **T** - with Tech-Only FISH

G T <input type="checkbox"/> N/A AITL/Peripheral T-Cell Lymphoma <input type="checkbox"/> N/A AML Prognostic Profile <input type="checkbox"/> CLL Prognostic Profile	G T <input type="checkbox"/> Follicular Lymphoma Profile <input type="checkbox"/> N/A JMML Profile <input type="checkbox"/> N/A Lymphoma Profile	G T <input type="checkbox"/> N/A MDS/CMML Profile <input type="checkbox"/> N/A Myeloid Profile
--	--	---

NeoLAB Liquid Biopsy (Plasma Testing)

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

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.

NeoLAB Liquid Biopsy

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