



# KRAS Single Gene Test (SGT) Request Form



The Amgen Biomarker Assist KRAS SGT Program\* is a patient support program designed to provide eligible patients a single gene biomarker test KRAS G12C mutation analysis at no cost to patients with advanced or metastatic (stage IV) non-small cell lung cancer (NSCLC) with ICD 10 diagnosis (if adequate tissue is submitted), regardless of test results or treatment decision. Please **check the box below** to confirm the diagnosis.

Test to be performed:  
**KRAS G12C Mutation Analysis for NSCLC**

**Advanced Non-Small Cell Lung Cancer**      **Advanced or metastatic NSCLC (stage IV)**

ICD 10 (Diagnosis) Code/Narrative: \_\_\_\_\_

<b>How the KRAS SGT Program works</b>	<ol style="list-style-type: none"> <li>1. Order the test and collect sample for a single gene biomarker test to detect <i>KRAS G12C</i> in advanced or metastatic (stage IV) non-small cell lung cancer (NSCLC) patients</li> <li>2. Send the completed <i>KRAS SGT</i> request form and the sample to NeoGenomics Laboratories (if sample is not sent, ensure Specimen Retrieval is completed on the form and fax to 1-239-690-4237)</li> <li>3. Results will be delivered within 7 days of receipt of form and specimen that meets all requirements</li> </ol>
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Please provide the information below. **Fields with \* are required.**

## Client Information\*

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

**Requisition Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Ordering Physician (Please print Last, First): \_\_\_\_\_ **NPI #:** \_\_\_\_\_

Treating Physician (Please print Last, First): \_\_\_\_\_ **NPI #:** \_\_\_\_\_

## Patient Information\*

Patient First, Middle Initial, and Last Name: \_\_\_\_\_ **Gender:**    **Male**    **Female**

Patient Date of Birth: \_\_\_\_\_ **MRN #:** \_\_\_\_\_

I, \_\_\_\_\_, authorize NeoGenomics Laboratories to perform the *KRAS SGT* for the patient listed above. I confirm that the information listed above is true, complete and accurate, and that the attached pathology report is for this patient. I attest that the *KRAS* test is medically necessary for the patient listed on this form, and that I have obtained the patient's consent to perform this test and participate in this program. I understand and acknowledge that this program covers only this patient's costs associated with NeoGenomics Laboratory fees to perform a single *KRAS SGT* and does not cover the patient's costs for physician or administrative fees including, but not limited to, office visit or biopsy fees. I agree that I will not seek reimbursement from any third-party payer or my patient. The tests shall not be included in a bundled payment to any health care facility, including, but not limited to, a hospital. The ordering physician or pathologist shall not be compensated for any fees in connection with this test.

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.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*The program does not cover any other costs, including, but not limited to, office visit fees and biopsy fees.



If you have questions, please call 1-866-776-5907, option 3  
Monday through Friday, 9:00 am to 8:00 pm ET.

### Specimen Requirements

The required specimen is FFPE primary or metastatic NSCLC tumor. Paraffin block is preferred. Alternatively, send 1 H&E slide plus 5-10 unstained slides cut at 5 or more microns. Please use positively-charged slides and 10% NBF fixative. Do not use zinc fixatives.

### Specimen Retrieval (Required only if sample is not sent)

Client Services will request specimen from pathology site.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

### 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: \_\_\_\_\_

Slides # \_\_\_\_ Unstained \_\_\_\_ Stained \_\_\_\_ H&E \_\_\_\_ Paraffin Block(s) #: \_\_\_\_ Note: Best block will be chosen for test.

### Specimen Transport Kit

Please call 1-866-776-5907, option 3, to order a Specimen Transport Kit for your sample shipment.

### First time ordering with NeoGenomics?

Please call 1-866-776-5907, option 3, to set up your account prior to sending your specimen.

### Existing NeoGenomics Customers

Please include the pathology report and submit by fax to 1-239-690-4237, or include with specimen shipment in the provided shipper.

### Specimen Requirements

Use cool pack during transport. Please call Client Services Team with any questions regarding specimen requirements or shipping instructions at 1-866-776-5907, option 3. Please refer to the website for specific details on each specimen.

### Test Descriptions

Please see complete test description and other tests available outside this program at [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.

**Note:** Please note this program does not cover testing beyond *KRAS* that may be indicated for the patient. NeoGenomics can accommodate testing for additional biomarkers on the same specimen submitted for the *KRAS* SGT Program. Any additional testing will be outside the scope of the program and billed according to standard practices. Please contact NeoGenomics Client Services for instructions before submitting your request.

## Summary of Terms & Conditions

It is important that every patient and provider read and understand the full *KRAS G12C* Single Gene Test (“SGT”) Program (also referred to as the “Program”) Terms and Conditions.

**The Program is a one-time offer for redemption of one *KRAS G12C* SGT Mutation Analysis laboratory biomarker test from a participating NeoGenomics Laboratories Inc. lab and may only be redeemed once per eligible patient per lifetime.**

### PATIENT PROGRAM ELIGIBILITY:

The Program is **only** open to patients who:

- are diagnosed with advanced or metastatic (stage IV) non-small cell lung cancer (NSCLC) whose healthcare provider has ordered a *KRAS G12C* SGT biomarker laboratory test; and,
- reside in the United States, Puerto Rico, or the United States territories.

**Participating patients and their healthcare providers are responsible for providing Amgen with accurate information necessary to determine patient program eligibility.**

### PROGRAM BENEFITS:

- The Program is **a one-time offer for coverage of the laboratory testing costs for one *KRAS G12C* SGT Mutation Analysis laboratory biomarker test and may only be redeemed once per eligible patient per lifetime.**
- The *KRAS SGT* Program does not cover any other costs, including but not limited to, office visits or biopsies.
- There are no income or insurance requirements associated with this program.
- The Program request form may only be redeemed at participating NeoGenomics Laboratories Inc. laboratories.

Please ask a Biomarker Assist representative to help you understand eligibility for the Program by calling 1-888-4ASSIST (1-888-427-7478).

### PROGRAM DETAILS:

For all eligible patients the Program offers:

- A Program benefit in which eligible patients may redeem one request form for the Program at a participating NeoGenomics Laboratories Inc. lab and not at any other laboratory.
- The Program does not cover any other costs, including but not limited to, office visits or biopsies and is limited to one *KRAS G12C* SGT Mutation Analysis laboratory biomarker test per eligible patient per the patient’s lifetime.
- No purchase is required.

### PROGRAM LIMITATIONS:

- Only eligible patients qualify for the Program.
- This offer is not transferrable and may not be combined with any other rebate/coupon, free trial, or similar offer. No substitutions are permitted.

- Patients may not seek reimbursement for the value received from the Program from any third-party payers, including but not limited to flexible spending accounts, healthcare savings accounts, commercial, or government insurance.
- Participating in this program means that eligible patients are ensuring they have and will comply with Program Terms and Conditions, and any disclosures their insurance provider may require regarding their participation in the Program.
- Patients may not count the *KRAS G12C* Single Gene Test Program as an expense incurred for purposes of determining out-of-pocket costs for any health plan.
- Offer not valid if reproduced or submitted to any payer, non-participating laboratory, or for more than one *KRAS G12C* SGT Mutation Analysis laboratory biomarker test per eligible patient.
- It is illegal for any person to sell, purchase, or trade, or offer to sell, purchase, or trade, or to counterfeit the *KRAS G12C* Single Gene Test Request Form.
- Only valid in the United States, Puerto Rico, and the United States territories; this offer is void where restricted or prohibited by law.
- **Amgen Inc. reserves the right to rescind, revoke, or amend offer at any time without notice. Restrictions may apply. Offer subject to change or discontinuation without notice. This is not health insurance.**

Please ask a Biomarker Assist representative if you have any questions by calling 1-888-4ASSIST (1-888-427-7478).

BY USING THIS PROGRAM, PARTICIPANTS ACKNOWLEDGE THAT THEY UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS AND CONDITIONS OF USE.

Program available exclusively through participating NeoGenomics Laboratories and will cover the cost of one test (provided adequate tissue is submitted according to NeoGenomics specimen, storage, and transportation requirements), regardless of results and treatment decisions.

Specimen Requirements – Use cool pack during transport. Please call Client Services Team with any questions regarding specimen requirements or shipping instructions at 1-866-776-5907, option 3. Please refer to the website for specific details on each specimen.

Test Descriptions – Please see complete test description and other tests available outside this program at [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.

**The Program is valid through 12/31/2021 and only covers tests processed through a participating NeoGenomics laboratory on or before 12/31/2021.**