NEO GENOMICS

Service Guide

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About NeoGenomics

Who We Are

NeoGenomics is a leading provider of cancer-focused genetic testing services in the United States, providing excellence in diagnostic, prognostic, and predictive testing. Our state-of-the-art facilities are located across the U.S., including our corporate headquarters in Fort Myers, Florida. In 2017, to expand our services to the global market, we opened our first international laboratory in Rolle, Switzerland, and in 2019, we expanded to Singapore. NeoGenomics offers our expertise in the following technologies: Fluorescence In Situ Hybridization, Flow Cytometry, Molecular Genetics, Cytogenetics, Pathology, and Immunohistochemistry.

Common purpose

We Save Lives by Improving Patient CARE (communication, accuracy, reliability, efficiency)

Our vision

By providing uncompromising quality, exceptional service and innovative solutions, we will be the World's leading cancer testing and information company.

Our values

- Quality
- Integrity
- Accountability
- Teamwork
- Innovation

Our quality program

NeoGenomics Laboratories strives to consistently meet or exceed customer satisfaction and service requirements by continually improving its processes for the benefit of the cancer patient. That is, We Save Lives by Improving Patient CARE (communication, accuracy, reliability, and efficiency). While Quality is the shared responsibility of all employees, the Quality Department supports the organization by implementing and monitoring the Quality Management System (QMS). The Quality Team is responsible for maintaining and communicating metrics, including Voice of the Customer (VOC), managing document control, proficiency testing, and nonconforming event processes. Quality works extensively with the business to identify and implement process improvements and performs internal audits to verify that processes meet requirements.

Annual Notice to Clients

February 25, 2021

At NeoGenomics Laboratories, Inc. ("NeoGenomics"), we are committed to full compliance with all applicable federal and state laws and regulations, third party payer requirements, and industry best practices. To that end, and consistent with recommendations of the Office of the Inspector General ("OIG") for the U.S. Department of Health and Human Services Compliance Program Guidance for Clinical Laboratories, the purpose of this annual letter is to inform you about certain important laboratory practices and the regulations governing them.

Medical Director Clinical Support

For laboratory testing questions, we encourage you to contact NeoGenomics' Client Services Department for assistance with any concerns that may arise. Our Medical Team members are also available for professional consultation on global tests performed (testing inclusive of technical component ("TC" or "Tech-Only") and professional component ("PC"). Questions regarding Tech-Only testing should be directed to our Client Services Department, as our Medical Team members are unable to provide professional consultation on Tech-Only cases. Our assigned Medical Directors for each of our major laboratory facilities and other important contact information is listed below for your convenience:

- California (Aliso Viejo) Medical Director: **Vladislav Chizhevsky, M.D. – 949.445.7300, ext. 3289**
- California (Carlsbad) Medical Director: **Yin Xu, M.D. – 949.445.7300, ext. 5142**
- California (San Diego): **Steven Brodie, Ph.D – 239.768.0600, ext. 2300**
- Florida (Fort Myers) Medical Director: **Derek Lyle, M.D. – 760.516.5145**
- Florida (Tampa/Temple Terrace) Lab Director: **John McGill, Ph.D. – 239.768.0600, ext. 2311**
- Georgia (Atlanta) Medical Director: **Yin Xu, M.D. – 949.445.7300 ext. 5142**
- Tennessee (Nashville) Medical Director: **Christopher Mixon, M.D. – 615.574.6090**
- Texas (Houston) Medical Director: **Tricia Peters, M.D. – 713.528.4363, ext. 6424**
- **Billing: 866.776.5907, ext. 2**
- **Client Services: 866.776.5907, ext. 3**

Annual Notice to Clients

Medical necessity

Consistent with coverage requirements issued by the Centers for Medicare and Medicaid Services ("CMS"), we require a completed laboratory test requisition form with each specimen submitted to us for testing that includes a diagnosis from the licensed ordering physician supporting medical necessity before we can perform a laboratory test. CMS also requires a signed physician order be maintained in the patient record for each test ordered or the signature of the ordering physician/pathologist on the test requisition form attesting to the medical necessity of each test, or panel of tests ordered. While NeoGenomics does not accept standing orders or custom profiles, our requisitions have been designed in a manner to allow clients the ability to order the combination of testing that is medically necessary for each patient's specific diagnosis or condition. When ordering panels of testing, clients should ensure that all components of the panel are medically necessary for the specific patient's diagnosis and if not, individual tests or a less inclusive panel that do meet medical necessity should be ordered. Components of all panels can be found on the website at https://neogenomics.com. **It is important to note that the OIG takes the position that physicians and other authorized individuals who order medically unnecessary tests or who knowingly causes a false claim to be submitted to any federally funded program may be subject to sanctions or remedies available under civil, criminal and administrative law.**

CMS has also developed specific National Coverage Determinations ("NCDs") for certain laboratory tests, which can be accessed on the website at https://www.cms.gov. Further, CMS' Medicare Access Contractors ("MACs") and fiscal intermediaries have published Local Coverage Determinations ("LCD") for certain laboratory tests that are specific to a patient's geographic location or jurisdiction. Laboratory tests that do not meet applicable NCD or LCD coverage requirements are considered "non-covered tests" and, depending on the circumstances, the patient may be financially responsible. However, in order for the laboratory to bill the patient, Medicare (and other payers) require that a patient sign an Advance Beneficiary Notice ("ABN") at https://neogenomics.com/sites/default/files/2021-07/ABNEnglish2023v508.pdf informing them of the non-covered status of a test prior to the test being performed. Since we do not interact directly with patients, **it is the responsibility of the ordering physician to be familiar with applicable NCD and LCD coverage rules, including ABN requirements, to ensure that informed medical necessity determinations, which take into consideration a patient's financial ability, are made for each patient and are supported by a signed order in the patient's medical record.**

Annual Notice to Clients

Requisition requirements

Each test requisition form must contain complete patient demographic information including the patient's full legal name, date of birth ("DOB"), gender, hospital status (inpatient/outpatient/nonpatient), and insurance information, if applicable. If there are two insurances (e.g., Medicare and a secondary payer), all insurance information is required for both payers. For all test requisition forms that indicate that we should bill a third party payer, do also include a copy of the patient's insurance card with each requisition form. Please note that if any required information is missing on a test requisition form, it may impact turnaround time for the test results while we gather the missing information.

Reflex tests

NeoGenomics offers medically necessary reflex testing to facilitate effective and efficient patient care while remaining compliant with state and federal regulations governing the ordering of laboratory tests. A reflexed test is any test that automatically results in the order of one or more secondary tests based on preset criteria applied to the initial test. The secondary tests are almost always an additional charge above the initial test. When ordering a reflexed test, clients are given the ability, on the requisition, to opt-out of the secondary tests when they are not medically necessary for the specific patient and for the specific situation in which the order is placed. Certain reflex testing has been predetermined based on specific criteria accepted as standard-of-care by the medical community. These tests will always reflex because the initial test result is not useful without the reflex test result.

Specimen requirements

Clients are responsible for submitting specimens which are properly labeled and have two patient identifiers in addition to meeting the submission requirements for all testing requested. For your convenience, a listing of all specimen requirements may be found on our website at https://neogenomics.com/test-menu. **Please do not send any specimens with biopsy needles, syringes, blades, or any other foreign objects in the tubes. We are unable to extract tissue from these tubes, which will result in disposal of the foreign objects which can leave less specimen for processing, and can delay turnaround time.** If you send two blocks for us to choose from, but do not indicate "select best" on the test requisition form, both blocks will be processed. In such case, you may be charged for duplicate processing and testing if the specimen is being submitted as a client-bill specimen. For TC testing, the client must indicate which block should be used for testing in order to avoid turnaround delays.

Annual Notice to Clients

Infectious disease testing

NeoGenomics cannot accept Category A infectious substances as defined by IATA (Dangerous Goods Regulations), which include, but not limited to, specimens that may harbor variant Creutzfeldt-Jakob disease (CJD - Mad Cow Disease), variant Creutzfeldt-Jakob disease, or tissue cultures of Mycobacterium Tuberculosis. FFPE, fresh blood or bone marrow specimens, and body fluids are acceptable from patients with tuberculosis. We will attempt to find another qualified testing lab that can pick up and process any infected specimens sent in error. Specimens from other patients received in the same package will be considered potentially contaminated and handled in the same way, regardless of origination. If no options are available, specimens will be disposed as biohazardous waste after client notification. Please refer to IATA Dangerous Goods Regulations at https://www.iata.org/contentassets/b08040a138dc4442a4f066e6fb99fe2a/dgr-62-en-3.6.2.pdf for a complete list of Category A Infectious Specimens.

Medicare reimbursement fee schedules

Medicare reimburses laboratory testing services through either the Physician Fee Schedule or the Clinical Lab Fee Schedule, depending on the type of test. If you would like a copy of either of these fee schedules, please refer to the Medicare Fee-for-Service Payment section of CMS's website. Medicaid reimbursement is generally equal to or less than the amount of Medicare reimbursement.

Client billing

Unless a client indicates that it should be billed on the test requisition form or otherwise has a contract with NeoGenomics providing for a 100% client bill arrangement, we will, whenever possible and permitted by law, directly bill and collect from all insurers. One notable exception to this policy is that we must bill hospital clients for any technical component services for Medicare or payers following Medicare guidelines on in-patients and some out-patients. Additionally, NeoGenomics is required to bill Medicare for certain molecular tests ordered for hospital outpatients. You can find detailed information about these topics on our Client Billing website at https://neogenomics.com/billing.

Annual Notice to Clients

Patient billing

Clients are advised that patients will receive invoices from NeoGenomics in certain situations. Although, we are an "in- network" or contracted laboratory services provider with over 225 national and regional third party payers, there are certain plans with which we do not have a contract ("out-of-network"). If we are an out-of-network laboratory with a payer and the payer makes payment directly to a patient for the lab services we perform, we must invoice the patient for such services to obtain payment. In addition, in situations in which we are an in-network provider with a patient's insurance company or government payer such as Medicare, we are contractually obligated to invoice patients for any co-payment, co-insurance or deductible that a payer determines is the patient's responsibility. Some payers for which we are an in-network laboratory may also deny payment for certain tests that we offer including, but not limited to, some of our newer and more expensive molecular profile panels, because they have not yet established reimbursement for such services or have otherwise determined that they are "non-covered services". In such situations, we are legally required to make good faith efforts to collect on any amounts due directly from the patients. Although we may offer discounts and/or payment plans to patients in accordance with applicable law, many patients are concerned about the expense of such tests. As stated previously, it is the responsibility of the treating physician to inform each patient of any tests that may not be covered by their insurance and, for Medicare patients, to ask that they sign an ABN which lists the non-covered tests and pricing. This allows each patient to make informed decisions on their care with full knowledge of the financial responsibility they may incur. You can find more information on our Patient Billing website at https://neogenomics.com/patients/patient-billing.

California Consumer Protection Act

In an effort to provide our clients important information about other therapeutic options for their patients, physician contact information provided with test orders may be shared with third parties, including companies that sponsor clinical trials, and these companies may contact the physician directly in connection with clinical trials that they sponsor. NeoGenomics may also sell the physician's identifiable contact information to companies that sponsor clinical trials, and physicians who are California residents have the right to opt out of such sale, under the California Consumer Protection Act, at any time by visiting our website at https://neogenomics.com/california-consumer-privacy-act-ccpa.

Thank you for your attention in these important matters of mutual concern. To the extent you have questions, please feel free to contact our Compliance and Ethics Department at **239.768.0600** or **compliance@neogenomics.com**.

Licensure and certification

Fort Myers, Florida

Medicare Provider:	L9228
CLIA:	10D0998082
CAP:	7178930
Florida:	800017185
California:	COS 00800251
New York:	8200
Pennsylvania:	030193
Rhode Island:	LCO00801
Maryland:	1397

Tampa, Florida

Medicare Provider:	L9228A
CLIA:	10D2031805
CAP:	N/A
Florida:	800017185
California:	N/A
New York:	N/A
Pennsylvania:	N/A
Rhode Island:	LCO01237
Maryland:	N/A

Aliso Viejo, California

Medicare Provider:	05D1021650
CLIA:	05D1021650
CAP:	7181143
Florida:	800020004
California:	CLF 00011815
New York:	8178
Pennsylvania:	029318A
Rhode Island:	LCO00650
Maryland:	1214

Carlsbad, California

Medicare Provider:	05D1018666
CLIA:	05D1018666
CAP:	7186462
Florida:	800019985
California:	CDF00011801
New York:	8227
Pennsylvania:	029366A
Rhode Island:	LCO00643
Maryland:	1236

Fresno, California

Medicare Provider:	N/A
CLIA:	05D2080677
CAP:	N/A
Florida:	N/A
California:	CLF00346503
New York:	N/A
Pennsylvania:	N/A
Rhode Island:	N/A
Maryland:	N/A

Pasadena, California

Medicare Provider:	CB231795
CLIA:	05D2083526
CAP:	N/A
Florida:	N/A
California:	CLF 00346603
New York:	N/A
Pennsylvania:	N/A
Rhode Island:	N/A
Maryland:	N/A

Houston, TX

Medicare Provider:	402013
CLIA:	45D1021782
CAP:	N/A
Florida:	N/A
California:	COS 00800255
New York:	N/A
Pennsylvania:	N/A
Rhode Island:	N/A
Maryland:	N/A

West Bloomfield, MI

Medicare Provider:	MI17129
CLIA:	23D2013964
CAP:	N/A
Florida:	N/A
California:	N/A
New York:	N/A
Pennsylvania:	N/A
Rhode Island:	N/A
Maryland:	N/A

Nashville, Tennessee

Medicare Provider:	3400014
CLIA:	44D1004543
CAP:	7181028
Florida:	800023286
New York	8333
Tennessee	4061
Pennsylvania:	030259
Rhode Island:	LCO00485
Maryland:	1402

Important

For any compliance or licensing issues please do not hesitate to contact NeoGenomics at 866.776.5907.

To view all licenses please visit our website at: https://neogenomics.com/company/regulatory-and-licensing

Client services

At NeoGenomics, we care deeply about our clients' patients. This is why we provide every client with a dedicated Client Services Advocate. In order to provide the highest level of customer service, Client Service Advocates are trained to answer questions regarding test information, specimen requirements, turnaround times, test add-on, and patient results. Client Services Advocates may also direct calls immediately to a technical or medical expert as necessary or requested. Clients may contact the lab directly at the contact information listed below.

Client Services	NeoGenomics
Telephone:	866.776.5907, option 3
Fax:	239.690.4237
Email:	Client.Services@neogenomics.com
Hours of Operation:	Monday – Friday: 7:00 AM – 9:00 PM Eastern Saturday: 7:00 AM – 7:30 PM Eastern
After Hours:	After normal business hours, 7 days per week

Specimen Pick-Up and Couriers	NeoGenomics
Telephone:	866.776.5907, option 1
Hours of Operation:	24 hours per day, 7 days per week

Client Billing Services	NeoGenomics	Genoptix
Telephone:	888.690.0043	800.755.0802
Hours of Operation:	Monday – Friday 8:00 AM – 7:00 PM Eastern	Monday – Friday 9:00 AM – 7:00 PM Eastern
Fax:	888.443.4153	
Email:	avclientbilling@neogenomics.com	billing@genoptix.com

Patient Billing Services	NeoGenomics	Genoptix
Telephone:	866.776.5907, option 2	800.755.0802
Fax:	239.690.4236	
Email:	billingpatient@neogenomics.com	billing@genoptix.com

Laboratory locations

Fort Myers, Florida
12701 Commonwealth Dr., Suite 9
Fort Myers, FL 33913
Telephone: 239.768.0600
Fax: 239.690.4237

Carlsbad, California
2131 Faraday Ave
Carlsbad, CA 92008
Phone: 1.800.755.1605
Fax: 1.888.755.1604

Nashville, Tennessee
618 Grassmere Park Drive, Unit 20
Nashville, TN 37211
Phone: 615.574.6090
Fax: 615.574.6094

Singapore
61 Science Park Road, #02-11 The Galen
Singapore 117525

Tampa, Florida
13005 N. Telecom Parkway, Suite 104
Temple Terrace, FL 33637
Phone: 239.768.0600

San Diego, California
4570 Executive Dr., 2nd Floor
San Diego, CA 92121
Phone: 1.800.755.1605

Houston, Texas
7256 S. Sam Houston Pkwy W., Suite 300
Houston, TX 77085
Phone: 239.768.0600

Aliso Viejo, California
31 Columbia
Aliso Viejo, CA 92618
Phone: 239.768.0600

Atlanta, Georgia
29 Upper Riverdale Road, Suite 140
Riverdale, GA 30274
Phone: 239.768.0600

Rolle, Switzerland
A-One Business Center
Bâtiment A5, 2nd Floor
Z.A. La Pièce / Route de l'Etraz 1
1180 Rolle, Switzerland
Phone: +41.21.721.06.00

NeoLINK®

NeoLINK, our web based laboratory reporting product (formerly called APvX), offers the convenience, efficiency, and the flexibility of accessing test results any time through a secure Internet connection. Our system is designed to decrease paperwork while increasing workflow by providing a flexible and efficient means for accessing test results. NeoLINK has been developed with the contribution of medical specialists to provide conveniently easy-to-use features.

Features and benefits

Test ordering

- Online Ordering capabilities are quick and efficient
- Add-on testing availability at your fingertips
- Real time tracking of specimen workflow and results
- Worklist Management
- Powerful data mining/searching capabilities

Access to same-patient historical reports

- Online test menu access
- 24/7 access via secure internet connection
- Email notification when cases are ready for review

Tech-only features

- Client logo on tech-only report templates
- Custom electronic signatures
- Report customization with optional features case by case
- Customized macros created and stored within NeoLINK by individual or group
- On-demand re-gating for flow cytometry
- Flexible FISH image viewing filtered by color or combined

Collaboration

- Simultaneous user access from multiple locations
- Add clinical notes for review and discussion within a group practice
- Help Desk assistance
- System training available

NeoLINK, HL7, and NeoGenomics

Health Level Seven (HL7) is the most successful messaging standard in the healthcare industry, not only in North America, but also around the world. Formed in the United States in 1987, HL7 has the goal of developing an international set of open standards for data format and content that allows different health information systems to easily and effectively communicate with one another.

At NeoGenomics Laboratories we possess the ability to generate HL7 message files for the integration of our Laboratory Information System to a client's Electronic Medical Record System. We utilize a custom HL7 Integration Engine to extract the data from our LIS system database and convert it into HL7 message files. NeoGenomics Laboratories also has the ability to generate simple CSV files or any other client requested file format to accommodate your interfacing needs. We strive to provide flexible, yet secure connection options for the retrieval of HL7 messages for our clients. Currently, NeoGenomics can utilize a myriad of connection options that suit your needs. We are able to support, but are not limited to, the following secure connection methods: Secure FTP, site-to-site VPN tunnels, and HTTPS.

For more information on NeoLINK, our Laboratory Reporting System, please contact your local Territory Business Manager.

NeoUniversity™

Accelerate your professional development with our on-demand learning portal. Acquire new skills and understanding of oncology-focused test methodologies through pre-recorded lectures, preparation for professional component case sign-out, and alternative assessment exams.

Learn more about:

- Cytogenetics
- FISH (interpretation)
- Flow Cytometry (regating & 10-color)
- Digital Image Analysis with IHC
- Molecular Diagnostics

On-demand training

Our On-Demand Training provides self-paced learning modules to help you and your organization stay up-to-date with the latest advancements in pathology and oncology laboratory diagnostics. View courses on service demonstrations, FISH signal interpretive training, new assays and technologies, and complete Alternative Assessments to test your knowledge. Assessment certificate PDF files are automatically emailed after assessments are successfully completed. NeoUniversity now has improved functionality for searching and selecting content, navigating on mobile devices, and tracking completed coursework.

On-site training

For those who prefer in-person instruction, NeoUniversity On-Site will be the right choice. A member of our Medical Staff will join you at your location for FISH and flow cytometry technical training. NeoUniversity gives you the opportunity to train and collaborate with NeoGenomics Medical Staff and your peers in an educational environment. This on-site program occurs multiple times throughout the year and is appropriate for physicians who are interested in providing professional component services for FISH and flow cytometry. Custom-tailored training and curriculum allow for participants to feel confident and prepared to participate in the NeoGenomics TC/PC Program. Ask your local Territory Business Manager for details.

Registration

You can sign up for and access NeoUniversity On-Demand Training at training.neogenomics.com. Please allow up to 24 hours to process a new registration request.

Billing services

Our Billing Department serves clients, patients, and third party payers, including Medicare and Medicaid. In this section you will find detailed information on:

- Client Billing
- Patient Billing
- Third Party Billing (Managed Care, Medicaid, Medicare, Private Insurance)

For billing questions, please contact our billing team.

For client billing questions:

Phone: 888.690.0043
Fax: 888.443.4153
Email: avclientbilling@neogenomics.com
Hours of Operation: Monday – Friday 8:00 AM – 7:00 PM Eastern

For NeoGenomics patient billing questions:

Phone: 866.776.5907, option 2
Fax: 239.690.4236
Email: billingpatient@neogenomics.com

For Genoptix patient billing questions:

Phone: 800.755.0802
Email: billing@genoptix.com

Client billing

Clients will be billed by an itemized invoice that includes the date, patient's name, accession number, test(s) performed, and the test fees for each specimen completed during the month. Please note that these invoices are payable upon receipt. If you have any questions pertaining to your account, please notify us immediately so that we may resolve them in a timely manner.

Payment options

If you receive a bill, there are several options for payment:

NeoGenomics invoices

Make the check or money order payable to NeoGenomics Laboratories, and mail it to:
NeoGenomics Laboratories
P.O. Box 864403
Orlando, FL 32886-4403

Credit or debit card: You may complete the form on your invoice. Or, to pay by phone, please call us at the number below. A receipt can be mailed to you upon request.

Genoptix Invoices

To see payment options for Genoptix invoices, please visit: https://genoptix.com/billing/

Patient billing

NeoGenomics makes billing as flexible as possible by providing many different payment options to our patients and customers. Depending on the arrangement your clinic, hospital, or health insurance plan has with us, you may or may not receive a bill directly from NeoGenomics for all or part of the services provided by us. We do our best to obtain reimbursement from insurers without contacting you. In certain cases, you may also receive an invoice from Clarient Diagnostic Services, a NeoGenomics company.

Some of the circumstances that can result in your receiving a bill from us are:

- You have non-government insurance and are responsible for a co-payment, co-insurance, deductible, and/or non-covered services.
- You have Medicare and are responsible for 20% of the amount Medicare has set as the cost of the test.
- You have Medicare and have signed an ABN (advanced beneficiary notice). In this case, you may owe the difference between what Medicare paid and what they have set as the cost of the test.

Payment options

If you receive a bill, there are several options for payment:

NeoGenomics invoices

Make the check or money order payable to NeoGenomics Laboratories, and mail it to:

NeoGenomics Laboratories
PO Box 865586
Orlando, FL 32886-5586

Credit or debit card: You may complete the form on your invoice. Or, to pay by phone, please call us at the number below. A receipt can be mailed to you upon request.

Pay Online: Please visit https://neogenomics.com/billing/patient-billing

Please see our website for the following forms:

- Financial Hardship Form (English)
- Financial Hardship Form (Spanish)

For full details, see https://neogenomics.com/billing/patient-billing

Third party billing

NeoGenomics Laboratories is a participating provider with Medicare and Medicaid, in addition to a large number of private insurance companies and managed care organizations. NeoGenomics accepts assignment on all insurance payers.

Private insurance and managed care organizations

As a service to your patients and in compliance with agreements established with insurance and managed care companies, NeoGenomics will bill your patient's primary insurance or managed care organization directly when provided with complete and accurate billing information. For those insurance companies and managed care organizations where an agreement does not exist with NeoGenomics, we will still file a claim to those carriers.

Medicaid

Medicaid is medical assistance for those people who cannot afford their own health care. Medicaid claims can only be filed after all other third party resources have been exhausted. Patients should be asked at the time of service if there is other coverage, such as Medicare, Medicaid HMO, or private insurance. When applicable, any Medicare, private insurance, or managed care (HMO) information should also be provided. Medicaid is also for persons that have applied for social security disability, but have not met the 18th month waiting period for Medicare eligibility.

If Medicaid denies payment for non-covered services or eligibility reasons, the patient may be responsible for the payment. Medicaid is always the last source of payment.

Medicare

Medicare continues to reimburse for these procedures based on the members eligibility and plan coverage.

Specimen requirements

This section contains logistical details regarding specimen collection and transportation for specimens being sent to NeoGenomics Laboratories. In the following pages we detail specimen requirements, Specimen Transport Kits, orderable kit components, and how to complete a Test Requisition form.

Specimen requirements and handling procedures

- Specimen requirements and handling procedures – General
- Tumor Profiles and Liquid Biopsy Specimen requirements and handling procedures

Specimen transport kits guide

- General Specimen Transport Kit
- Peripheral Blood Kit
- Bone Marrow Kit
- Bladder FISH Kit
- Liquid Biopsy Kit for InVisionFirst®-Lung
- NeoLAB® Solid Tumor Kit

Test requisitions and shipping instructions

- Hematopathology requisition
- Single Biomarkers and Consults Solid Tumor Pathology requisition
- NGS Solid Tumor Pathology requisition
- IHC requisition
- Oncology Office Hematology requisition
- Single Biomarkers and Consults Solid Tumor Oncology Office requisition
- NGS Solid Tumor Oncology Office requisition
- Lung Cancer Oncology Office requisition
- Breast Cancer requisition
- Hereditary Cancer Panel requisition

Specimen requirements and handling procedures

The quality of laboratory results is highly dependent upon proper specimen collection and handling. Listed below are specimen requirements and handling procedures for tests performed by NeoGenomics Laboratories.

Specimen type	Cytogenetics	FISH	Flow Cytometry	Bone Marrow Morphology	IHC	Molecular
Bone Marrow Aspirate*	1-2 mL sodium heparin	1-2 mL sodium heparin EDTA OK if sodium heparin not available FISH Non-PCE: 0.5-1 mL single probe, 1-2 mL panel	1-2 mL EDTA Provide CBC report sodium heparin is acceptable lithium Heparin and ACD not acceptable	EDTA with 4-6 smears/slides	N/A	2 mL EDTA sodium heparin OK if EDTA not available
Peripheral Blood*	2-5 mL sodium heparin Provide CBC report	1-5 mL sodium heparin EDTA OK if sodium heparin not available FISH Non-PCE: 0.5-1 mL single probe, 1-2 mL panel	1-2 mL EDTA Provide CBC report sodium heparin is acceptable lithium Heparin and ACD not acceptable	EDTA with 2-3 smears/slides	N/A	5 mL EDTA sodium heparin OK if EDTA not available For Liquid Biopsy requirements, please contact Client Services.
Bone Marrow Core Biopsy and/or Aspirate Clot (10% NBF)*	N/A	N/A	N/A	>1.5 cm core (length) 10x formalin to specimen volume. Additional 2 touch imprints preferred.	1-2 cm core (length) core and clot sent in separate formalin containers	N/A
Fresh Bone Marrow Core Biopsy*	1-2 cm core (length) tissue in RPMI	0.5 cm core (length) tissue in RPMI	1-2 cm core (length) tissue in RPMI	N/A	N/A	1-2 cm core (length) tissue in RPMI
Fresh/Unfixed Tissue*	>0.3 cm^3 in RPMI POC: Known villi and/or fetal tissue: 1-1.5 cm	0.2 cm^3	0.5-1 cm^3 tissue in RPMI	N/A	N/A	0.5-1 cm^3
Fluids*	CSF: 1-3 mL All other fluid: 5-10 mL	50-100 mL	50-100 mL	N/A	N/A	50-100 mL
Paraffin Block or Cut Slide* **(For cut slides, place sections from only one block on each slide.)**	N/A	Suitable only for select assays; see website to confirm. Paraffin block preferred. Please use positively-charged slides and 10% NBF fixative. Do not use zinc or mercury fixatives (B5).	N/A	N/A	Paraffin block preffered or 4-5 micron thick tissue sections on positively charged slides, at least 3 slides per antibody. No additives in waterbath. See article** for slide use and storage recommendations.	Suitable for select assays: see website to confirm. Paraffin block preferred. Please use positively-charged slides and 10% NBF fixative. Do not use zinc or mercury fixatives (B5).
Voided Urine*	N/A	33-60 mL voided urine mixed 2:1 with supplied PreservCyt within 30 minutes of collection for total volume ≥50 mL	N/A	N/A	N/A	N/A
Decalcified Specimens*	N/A	Not acceptable	N/A	Acceptable	Acceptable for bone; inquire for non-bone	Not acceptable

Storage and Transportation

* Use cold pack for transport, making sure cold pack is not in direct contact with specimen. For fresh specimens, ship same day as drawn whenever possible. EXCEPTION-For Liquid Biopsy specimens, please contact Client Services for special kit and instructions.

* Refrigerate and use cold pack for transport. For fresh specimens, ship same day as drawn whenever possible.

NeoGenomics cannot accept category A infectious substances as defined by IATA (Dangerous Goods Regulations 3.6.2.1.1 Definition – Infectious Substances), including, but not limited to, specimens that may harbor variant Creutzfeldt-Jakob Disease (mad cow disease), variant Creutzfeldt-Jakob Disease, or microbiologic cultures of Mycobacterium Tuberculosis. FFPE, fresh blood or bone marrow specimens, and body fluids are acceptable from patients with tuberculosis.

Tumor Profiles and Liquid Biopsy Specimen requirements and handling procedures

The quality of laboratory results is highly dependent upon proper specimen collection and handling. Listed below are specimen requirements and handling procedures for Tumor Profiles and Liquid Biopsies.

	Profile	Peripheral Blood	Bone Marrow	FFPE Block or Cut Slides	Fresh Tissue	Storage & Transportation	FFPE Additional Requirements
Heme	**NeoTYPE®- AITL/Peripheral T-Cell Lymphoma, AML Prognostic, JMML, Lymphoma, MDS/CMML, Myeloid Disorders**	5 mL in EDTA tube	2 mL in EDTA tube	Paraffin block preferred. Please use positively-charged slides and 10% NBF fixative. Do not use zinc or mercury fixatives (B5).	N/A	Use cold pack for transport, making sure cold pack is not in direct contact with specimen. For fresh specimens, ship same day as drawn whenever possible.	**NGS**: 20% Tumor content. >500 cells ideal but can attempt with>200 cells. **MSI (except for Colon), MLH1 Promoter Methylation in Colon, MGMT methylation in Brain**: 40% Tumor content. >200 cells **FISH**: 50-100 viable tumor cells needed per probe set. **Fine Needle Aspirate (FNA)**: Requisition must note specimen is FNA. FFPE cell blocks are acceptable if pathologist attaches note verifying sample has >30% tumor or abnormal cells (required). FNA smears or cells in suspension are not accepted.
	NeoTYPE® CLL Prognostic	5 mL in EDTA tube	2 mL in EDTA tube	N/A	0.5-1 cm^3 in RPMI		
	NeoTYPE® Follicular Lymphoma	N/A	N/A	Paraffin block preferred. Please use positively-charged slides and 10% NBF fixative. Do not use zinc or mercury fixatives (B5).	N/A		
Solid tumor	**NeoTYPE®- Brain, Breast, Cervical, Colorectal, Endometrial, Esophageal,Gastric, GI Predictive, GIST/Soft Tissue, Head & Neck, HRD+, Liposarcoma Fusion, Liver/ Biliary, Lung, Melanoma, Other Solid Tumor, Ovarian, Pancreas, Thyroid, Precision, Discovery**	N/A	N/A	Paraffin block preferred. Please use positively-charged slides and 10% NBF fixative. Do not use zinc or mercury fixatives (B5).	N/A		
Liquid biopsy	**NeoLAB® Heme - AML, BTK Inhibitor Acquired Resistance, MDS/CMML, Myeloid Disorders, FLT3, IDH1, IDH2, inv(16) CBFB-MYH11 Translocation, KIT (c-KIT), KRAS, NPM1, NRAS, PML-RARA Translocation t(15;17), RUNX1-RUNX1T1(AML1-ETO) Translocation t(8;21)**	2 x 6 mL EDTA tubes (total 12 mL) or 10 mL in EDTA tube	N/A	N/A	N/A		N/A
	NeoLAB® Solid Tumor and InVisionFirst® Lung	Two x 10 mL Streck Cell-Free DNA BCT® tubes	N/A	N/A	N/A	Do not refrigerate. Special collection tubes and shipping requirements apply. Please contact Client Services for kits and see instructions provided in kit.	
	PIK3CA Mutation CDx Plasma	Please contact Client Services	N/A	N/A	N/A	Please contact Client Services	

NeoGenomics cannot accept any specimens (fresh or fixed) infected with Category A pathogens including, but not limited to, variant Creutzfeldt-Jakob (mad cow), Tularemia, Brucella, etc. FFPE specimens are acceptable for Tuberculosis only. For full details, see https://neogenomics.com/client-services/forms-and-kits.

Specimen transport kits guide

General Specimen Transport Kit
(Large & Small)

Large kit inside dimensions:
7.75" W x 2.5" H x 5.56" L

Small kit inside dimensions:
5.31" W x 2.37" H x 4.37" L

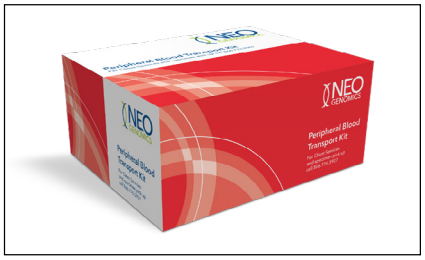
Includes box with foam insert.
Kit components must be ordered separately.

Available kit components:

- 13" x 18" biohazard bag *(50 pack)*
- *6" x 9" biohazard bag, 3 walls with absorbent *(50 pack with absorbent)*
- *4" x 6" plain ziplock bag *(100 pack)*
- *Refrigerant Pack, 3 oz *(approximately 48/box)*
- 4 mL sodium heparin green-top tube *(10 pack)*
- 4 mL K2-EDTA lavender top tube *(10 pack)*
- *6 mL sodium heparin green-top tube *(100 pack in rack)*
- *6 mL K2-EDTA lavender top tube *(100 pack in rack)*
- 5-slide slide mailer with 5 slides *(10 pack)*
- *5-slide slide mailer, empty *(10 pack)*
- 40 mL vial with 20 mL fill of 10% NBF *(12 pack)*
- 40 mL vial with 10 mL fill of 10% NBF *(24 histopack)*
- 120 mL ClickSeal container, sterile
- PreservCyt vials *(10 pack)*

**Commonly ordered with the General Specimen Transport Kit.*

We recommend the General Specimen Transport Kit and ordering individual components if you previously used: Neo Heme Basic Kit (small blue kit); HemePlus Kit (small red kit), Neo Solid Tumor Kit (small green kit), Neo FlexKIT (small/large purple kit), NeoSITE BE Kit (gray kit), NeoGenomics IHC Kit (orange kit), NeoGenomics Flow/Cyto Molecular Fresh Kit (blue kit); BE Esophagus FISH Kit.

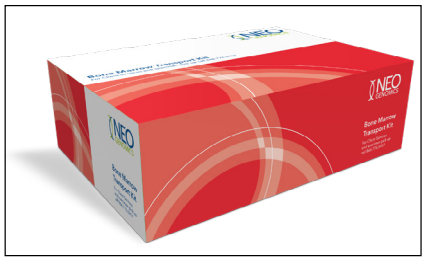


Peripheral Blood Kit

Kit inside dimensions:
5.31" W x 2.37" H x 4.37" L

Kit components included:

- 1-8 x 8 Biohazard bag
- 2-6ml K2 EDTA Purple top tube (plastic)
- 2-6ml Sodium Heparin Green top tube (plastic)
- 1-3oz Refrigerant Pack
- 5-3 x 1 Single Frosted Slide in 5 slide plastic mailer (1)
- 1-Oncology Office Requisition
- 1-FedEx clinical pack with FedEx label



Bone Marrow Kit

Kit inside dimensions:
7.75" W x 2.5" H x 5.56" L

Kit components included:

- 1-10 x 10 biohazard bag with pouch
- 2-3 x 4 zip closure bags
- 2-6ml K2 EDTA Purple top tube (plastic)
- 2-6ml Sodium Heparin Green top tube (plastic)
- 1-3oz Refrigerant Pack
- 2-10ml fill in 20ml Jar 10% NBF
- 10-3 x 1 Single Frosted Slide in 5 slide mailer (2)
- 1-Aqui-Pak 4 bay absorbent pouch
- 1-Oncology Office Requisition
- 1-FedEx clinical pack with FedEx label

NeoGenomics supplies are subject to change at any time. Please communicate with your TBM for any new kits/options or kits that may be discontinuing in the near future.

Specimen transport kits guide

Bladder FISH Kit

Kit inside dimensions:
4.31" L x 4.06" W x 4.69" H

Kit components included:

- NeoGenomics Bladder FISH Box with foam insert
- 10" x 10" Biohazard Bag with Pouch
- 50mL in supplied clickseal container with 30mL PreservCyt
- Refrigerant Pack, 3 oz
- Parafilm 2" x 4" piece

Liquid Biopsy Kit for InVisionFirst®-Lung

Kit Inside Dimensions:
7.75" W X 2.5" H X 5.56" L

Kit Components Included:

- Liquid Biopsy Label affixed to outside of box
- 2 Bay Aqui-Pak
- 4" x 6" Biohazard Bag
- 2-10 mL Streck Cell-Free DNA BCT® Tube – Glass
- Large Clinical Pak, FedEx
- Do Not Freeze Label
- NeoGenomics Liquid Biopsy Collection and Shipping Instructions
- Ambient Gel Wrap
- 6.5" x 5" Foil Bubble Pouch with Adhesive Seal
- Lung Cancer Oncology Office Test Requisition
- Large Clinical Pak, FedEx
- FedEx Airbill

NeoLAB® Solid Tumor Kit

Kit Inside Dimensions:
7.75" W X 2.5" H X 5.56" L

Kit Components Included:

- 2 Bay Aqui-Pak
- 4" x 6" Biohazard Bag
- 2-10 mL Streck Cell-Free DNA BCT® Tube – Glass
- 2 Tube Patient Information Labels
- Do Not Freeze Label
- Ambient Gel Wrap
- 6.5" x 5" Foil Bubble Pouch with Adhesive Seal
- NeoLAB® Solid Tumor Liquid Biopsy Collection and Shipping Instructions
- NeoLAB® Solid Tumor Liquid Biopsy Test Requisition
- Large Clinical Pak, FedEx
- FedEx Airbill

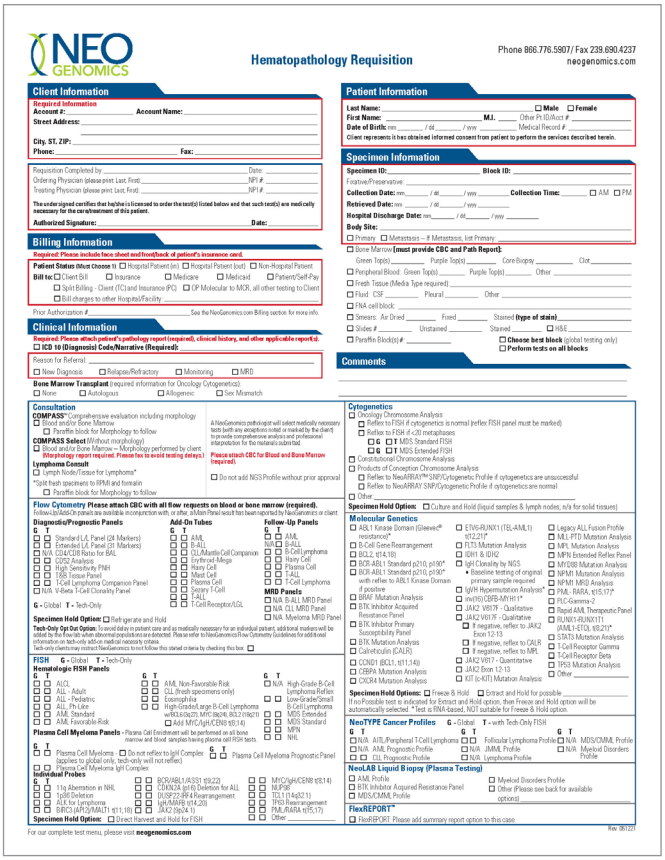
**Also available without Test Requisition and FedEx Supplies.*

NeoGenomics supplies are subject to change at any time. Please communicate with your TBM for any new kits/options or kits that may be discontinuing in the near future.

Hematopathology requisition and shipping instructions

Requisition

New York state version also available



NEO GENOMICS

Hematopathology 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 (I/I) ☐ Insurance ☐ Medicare ☐ Medicaid ☐ Patient/Self-Pay
☐ Split Billing - Client (FC) and Insurance (PC) ☐ OP Molecular to MOL, 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/Refractory ☐ 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
(Morphology report required. Please fax to avoid testing delays.)

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 material 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 LA Panel (24 Markers)
☐ ☐ Extended LA Panel (31 Markers)
N/A ☐ CD4/CD8 Ratio for BAL
☐ ☐ CD52 Analysis
☐ ☐ High Sensitivity PNH
☐ ☐ TRR 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
N/A ☐ AML
N/A ☐ B-ALL
☐ ☐ B-Cell Lymphoma
☐ ☐ Hairy Cell
☐ ☐ Plasma Cell
☐ ☐ T-ALL
☐ ☐ T-Cell Lymphoma

MRD Panels
N/A ☐ B-ALL MRD Panel
N/A ☐ CLL MRD Panel
N/A ☐ Myeloma MRD Panel

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 final 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
☐ ☐ ALCL
☐ ☐ ALL - Adult
☐ ☐ ALL - Pediatric
☐ ☐ ALL, Ph-Like
☐ ☐ AML Standard
☐ ☐ AML Favorable-Risk

G T
☐ ☐ AML Non-Favorable Risk
☐ ☐ CLL (fresh specimens only)
☐ ☐ Eosinophilia
☐ ☐ High-Grade/Large B-Cell Lymphoma w/R3q63q27), MYC (8q24), BCL2 (18q21)
☐ ☐ Add: MYC/IgH/CEN8 t(8;14)

G T
☐ ☐ N/A High-Grade B-Cell Lymphoma Reflex
☐ ☐ Low-Grade/Small B-Cell Lymphoma
☐ ☐ MDS Extended
☐ ☐ MDS Standard
☐ ☐ MPN
☐ ☐ 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
☐ ☐ 11q Aberration in NHL
☐ ☐ 1p36 Deletion
☐ ☐ ALK for Lymphoma
☐ ☐ BIRC3 (API2)/MALT1 t(11;18)
☐ ☐ BCR/ABL1 (ASS1 t(9;22)
☐ ☐ CDKN2A (p16) Deletion for ALL
☐ ☐ DUSP22-IRF4 Rearrangement
☐ ☐ IgH/MMSET t(4;14)
☐ ☐ JAK2 (9p24.1)
☐ ☐ MYC/IgH/CEN8 t(8;14)
☐ ☐ NUP98
☐ ☐ TCL1 (14q32.1)
☐ ☐ TP53 Rearrangement
☐ ☐ PML/RARA t(15;17)
☐ ☐ Other _____

Specimen Hold Option: ☐ Direct Harvest and Hold for FISH

For our complete test menu, please visit neogenomics.com

Patient Information

Last Name: _____ ☐ Male ☐ Female
First Name: _____ M.I. _____ Other Pt ID/Acct # _____
Date of Birth: mm _____ / dd _____ / yyy _____ 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 _____ / yyy _____ Collection Time: _____ ☐ AM ☐ PM
Retrieved Date: mm _____ / dd _____ / yyy _____
Hospital Discharge Date: mm _____ / dd _____ / yyy _____
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)
☐ Reflex to FISH if <20 metaphases
☐ G ☐ T MDS Standard FISH
☐ G ☐ T MDS Extended FISH
☐ 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
☐ ABL1 Kinase Domain (Gleevec® resistance)*
☐ B-Cell Gene Rearrangement
☐ BCL2 t(14;18)
☐ BCR-ABL1 Standard p210, p190*
☐ BCR-ABL1 Standard p210, p190* with reflex to ABL1 Kinase Domain if positive
☐ BRAF Mutation Analysis
☐ BTK Inhibitor Acquired Resistance Panel
☐ BTK Inhibitor Primary Susceptibility Panel
☐ BTK Mutation Analysis
☐ Calreticulin (CALR)
☐ CCND1 (BCL1, t(11;14))
☐ CEBPA Mutation Analysis
☐ CXCR4 Mutation Analysis
☐ ETV6-RUNX1 (TEL-AML1) t(12;21)*
☐ FLT3 Mutation Analysis
☐ IGH1 & IGH2
☐ IgH Clonality by NGS
• Baseline testing of original primary sample required
☐ IgVH Hypermutation Analysis*
☐ inv(16)/CBFB-MYH11*
☐ JAK2 V617F - Qualitative
☐ JAK2 V617F - Qualitative
☐ If negative, reflex to JAK2 Exon 12-13
☐ If negative, reflex to CALR
☐ If negative, reflex to MPL
☐ JAK2 V617 - Quantitative
☐ JAK2 Exon 12-13
☐ KIT (c-KIT) Mutation Analysis
☐ Legacy ALL Fusion Profile
☐ MLL-PTD Mutation Analysis
☐ MPL Mutation Analysis
☐ MPN Extended Reflex Panel
☐ MYD88 Mutation Analysis
☐ NPM1 Mutation Analysis
☐ NPM1 MRD Analysis
☐ PML - RARA, t(15;17)*
☐ PLC-Gamma-2
☐ Rapid AML Therapeutic Panel
☐ RUNX1-RUNX1T1 (AML1-ETO), t(8;21)*
☐ STAT3 Mutation Analysis
☐ T-Cell Receptor Gamma
☐ T-Cell Receptor Beta
☐ TP53 Mutation Analysis
☐ 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. * Test is RNA-based, NOT suitable for Freeze & Hold option.

NeoTYPE Cancer Profiles G - Global T - with Tech-Only FISH

G T
☐ ☐ N/A AITL/Peripheral T-Cell Lymphoma Profile
☐ ☐ N/A AML Prognostic Profile
☐ ☐ CLL Prognostic Profile

G T
☐ ☐ Follicular Lymphoma Profile
☐ ☐ N/A JMML Profile
☐ ☐ N/A Lymphoma Profile

G T
☐ ☐ N/A MDS/CMML Profile
☐ ☐ N/A Myeloid Disorders Profile

NeoLAB Liquid Biopsy (Plasma Testing)
☐ AML Profile
☐ BTK Inhibitor Acquired Resistance Panel
☐ MDS/CMML Profile
☐ Myeloid Disorders Profile
☐ Other (Please see back for available options) _____

FlexREPORT™
☐ FlexREPORT Please add summary report option to this case

Rev: 061221

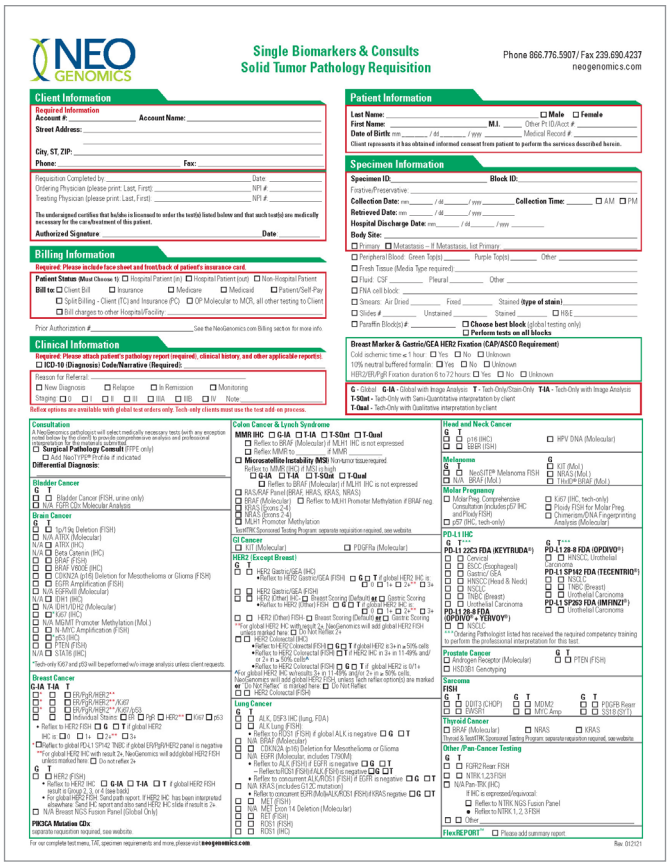
Shipping instructions

- Complete Hematopathology Requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each tube, jar and/or slide. (Each label should have a requisition number, patient name, and DOB). A minimum of two patient identifiers is REQUIRED for each specimen.
- Ensure tube tops and/or slide holders are sealed tightly. Place labeled tubes and/or slide holders into foam insert. Ensure formalin jars are sealed tightly. Place labeled formalin jars separately into small biohazard bag before placing into foam cut-out. Ensure the lid of specimen jar is tightened past the “click” to prevent leakage in transit. Place strip of Parafilm around the lid where it meets the jar for additional protection.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.

Single Biomarkers and Consults Solid Tumor Pathology requisition and shipping instructions

Requisition

New York state version also available



NEO GENOMICS

Single Biomarkers & Consults
Solid Tumor Pathology 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: _____
Reflex options are available with global test orders only. Tech-only clients must use the test add-on process.

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 & Gastric/GEA 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-Qunt - Tech-Only with Quantitative interpretation by client

Consultation
A NeoGenomics pathologist will select medically necessary tests (with any exception noted below) according to protocols, comprehensive analysis and professional interpretation for the material(s) submitted.
☐ Surgical Pathology Consult (FFPE only)
☐ Add NeoTYPE™ Profile if indicated
Differential Diagnosis: _____

Bladder Cancer
G T
☐ ☐ Bladder Cancer (FISH, urine only)
☐ N/A FGFR CDx (Molecular Analysis)

Brain Cancer
G T
☐ ☐ 1p/19q Deletion (FISH)
☐ N/A ATRX (Molecular)
N/A ☐ ATRX (IHC)
N/A ☐ Beta Catenin (IHC)
☐ ☐ BRAF (FISH)
☐ ☐ BRAF V600E (IHC)
☐ ☐ CDKN2A (p16) Deletion for Mesothelioma or Glioma (FISH)
☐ ☐ EGFR Amplification (FISH)
☐ N/A EGFRvIII (Molecular)
N/A ☐ IDH1 (IHC)
☐ N/A IDH1/IDH2 (Molecular)
☐ ☐ Ki67 (IHC)
☐ N/A MGMT Promoter Methylation (Mol.)
☐ ☐ N-MYC Amplification (FISH)
☐ ☐ p53 (IHC)
☐ ☐ PTEN (FISH)
N/A ☐ STAT6 (IHC)
*Tech-only Ki67 and p53 will be performed w/o image analysis unless client requests.

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
• Reflect to HER2 FISH ☐ G ☐ T if global HER2 IHC = 2+ ☐ 1+ ☐ 3+
**Reflect 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 reflect 2+
G T
☐ ☐ HER2 (FISH)
• Reflect to HER2 IHC ☐ G-IA ☐ T-IA ☐ T if global HER2 FISH result is Group 2, 3, or 4 (see table)
• 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+
☐ N/A Breast NGS Fusion Panel (Global Only)
PIK3CA Mutation CDx: _____
separate requisition required, see website.

Colon Cancer & Lynch Syndrome
MMR IHC ☐ G-IA ☐ T-IA ☐ T-SQnt ☐ T-Qunt
☐ Reflect to BRAF (Molecular) if MLH1 IHC is not expressed
☐ Reflect MMR to _____ if MMR
☐ Microsatellite Instability (MSI) Non-tumor tissue required
Reflex to MMR (IHC) if MSI is high
☐ G-IA ☐ T-IA ☐ T-SQnt ☐ T-Qunt
☐ Reflex to BRAF (Molecular) if MLH1 IHC is not expressed
☐ RAS/RAF Panel (BRAF, HRAS, KRAS, NRAS)
☐ BRAF (Molecular) ☐ Reflex to MLH1 Promoter Methylation if BRAF neg.
☐ KRAS (Exons 2,4) ☐ NRAS (Exons 2,4)
☐ MLH1 Promoter Methylation
TumorNEXT Sponsored Testing Program: separate requisition required, see website.

GI Cancer
☐ KIT (Molecular) ☐ PDGFRa (Molecular)

HER2 (except Breast)
G T
☐ ☐ HER2 Gastric/GEA (IHC)
• Reflex to HER2 Gastric/GEA (FISH) ☐ G ☐ T if global HER2 IHC is 1+ ☐ 2+** ☐ 3+
☐ ☐ HER2 Gastric/GEA (FISH)
☐ ☐ HER2 (Other) IHC ☐ Breast Scoring (Default) ☐ Gastric Scoring
☐ ☐ HER2 (Other) FISH ☐ Breast Scoring (Default) ☐ Gastric Scoring
• Reflex to HER2 (Other) FISH ☐ G ☐ T if global HER2 IHC is 1+ ☐ 2+** ☐ 3+
**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: ☐ Do Not Reflex 2+
☐ ☐ HER2 Colorectal (IHC)
• Reflex to HER2 Colorectal (IHC) ☐ G ☐ T if global HER2 is 2+ in ≥ 50% cells
• Reflex to HER2 Colorectal (FISH) ☐ G ☐ T if HER2 IHC is 2+ in 11-49% and/or ≥ 2+ in ≥ 50% cells*
• Reflex to HER2 Colorectal (FISH) ☐ G ☐ T if global HER2 is 0/1+
*For global HER2 IHC with results 3+ in 11-49% and/or 2+ in ≥ 50% cells: NeoGenomics will add global HER2 FISH, unless tech-reflex option(s) are marked: ☐ "Do Not Reflex" is marked here: ☐ Do Not Reflex
☐ HER2 Colorectal (FISH)

Lung Cancer
G T
☐ ☐ ALK, D5F3 IHC (lung, FDA)
☐ ☐ ALK Lung (FISH)
• Reflex to ROS1 (FISH) if global ALK is negative ☐ G ☐ T
N/A BRAF (Molecular)
☐ ☐ CDKN2A (p16) Deletion for Mesothelioma or Glioma
N/A FGFR (Molecular, includes TKI/MM)
• Reflex to ALK (FISH) if EGFR is negative ☐ G ☐ T
– Reflex to ROS1 (FISH) if ALK (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 KRAS/NRAS/ROS1 (FISH) if KRAS negative ☐ G ☐ T
☐ ☐ MET (FISH)
N/A ☐ MET Exon 14 Deletion (Molecular)
☐ ☐ RET (FISH)
☐ ☐ ROS1 (FISH)
☐ ☐ ROS1 (IHC)

Head and Neck Cancer
G T
☐ ☐ p16 (IHC) ☐ HPV DNA (Molecular)
☐ ☐ EBER (ISH)

Melanoma
G T
☐ ☐ NavSLIT® Melanoma FISH ☐ KIT (Mol.)
N/A ☐ BRAF (Mol.) ☐ NRAS (Mol.)
☐ TriboBRAF (Mol.)

Molar Pregnancy
☐ Molar Preg. Comprehensive Consultation (includes p57 IHC and Ploidy FISH) ☐ Ki67 (IHC, tech-only)
☐ p57 (IHC, tech-only) ☐ Ploidy FISH for Molar Preg.
☐ Chromosome/DNA Fingerprinting Analysis (Molecular)

PD-L1 IHC
G T***
PD-L1 22C3 FDA (KEYTRUDA®)
☐ ☐ Cervical
☐ ☐ ESCC (Esophageal)
☐ ☐ Gastric/ GEA
☐ ☐ HNSCC (Head & Neck)
☐ ☐ NSCLC
☐ ☐ TNBC (Breast)
☐ ☐ Urothelial Carcinoma
PD-L1 28-8 FDA (OPDIVO® + YERVOY®)
☐ ☐ NSCLC
G T***
PD-L1 28-8 FDA (OPDIVO®)
☐ ☐ HNSCC, Urothelial Carcinoma
PD-L1 SP142 FDA (TECENTRIQ®)
☐ ☐ NSCLC
☐ ☐ TNBC (Breast)
☐ ☐ Urothelial Carcinoma
PD-L1 SP263 FDA (IMFINZI®)
☐ ☐ Urothelial Carcinoma
***Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test.

Prostate Cancer
☐ Androgen Receptor (Molecular)
☐ HSD3B1 Genotyping
G T
☐ ☐ PTEN (FISH)

Sarcoma
FISH
G T
☐ ☐ DDIT3 (CHOP)
☐ ☐ EWSR1
G T
☐ ☐ MDM2
☐ ☐ MYC Amp
G T
☐ ☐ PDGFB Rearr
☐ ☐ SS18 (SYT)

Thyroid Cancer
☐ BRAF (Molecular) ☐ NRAS ☐ KRAS
Tumor/LBx TumorTYPE Sponsored Testing Program: separate requisition required, see website.

Other /Pan-Cancer Testing
G T
☐ ☐ FGFR2 Rearr FISH
☐ ☐ NTRK1,2,3 FISH
N/A Pan-TRK (IHC)
If IHC is expressed/equivocal:
☐ Reflex to NTRK NGS Fusion Panel
• Reflex to NTRK 1, 2, 3 FISH
☐ ☐ Other _____

FlexREPORT™ ☐ Please add summary report

For our complete test menu, TAT, specimen requirements and more, please visit neogenomics.com
Rev. 012121

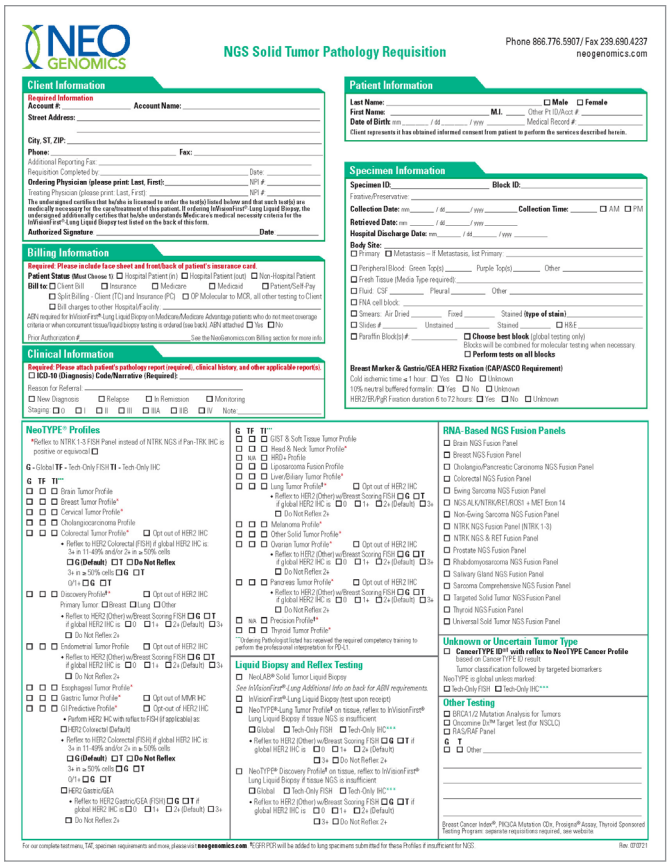
Shipping instructions

- Complete Single Biomarkers and Consults Solid Tumor Requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each slide holder and/or block. (Each label should have a requisition number, patient name, and patient DOB). A minimum of two patient identifiers is REQUIRED for each slide holder and/or block.
- Ensure slide holders are closed and sealed tightly. Ensure block cassettes are protected in gauze or individual small sealed bags. Place slides and/or blocks into foam insert.
- Lift foam insert from box and place into biohazard bag along with absorbent sheet.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.

NGS Solid Tumor Pathology requisition and shipping instructions

Requisition

New York state version also available



NEO GENOMICS

NGS Solid Tumor Pathology 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: _____
Additional Reporting 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. If ordering InVisionFirst®-Lung Liquid Biopsy, the undersigned additionally certifies that he/she understands Medicare's medical necessity criteria for the InVisionFirst®-Lung Liquid Biopsy test listed on the back of this form.
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 MOR, all other testing to Client
☐ Bill charges to other Hospital/Facility: _____
ABN required for InVisionFirst®-Lung Liquid Biopsy on Medicare/Medicare Advantage patients who do not meet coverage criteria or when concurrent tissue/liquid biopsy testing is ordered (see back). ABN attached ☐ Yes ☐ No
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_____ / yyy _____ 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_____ / yyy _____ Collection Time: _____ ☐ AM ☐ PM
Retrieved Date: mm_____ / dd_____ / yyy _____
Hospital Discharge Date: mm_____ / dd_____ / yyy _____
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)
Blocks will be combined for molecular testing when necessary.
☐ Perform tests on all blocks
Breast Marker & Gastric/GEA 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

NeoTYPE® Profiles

*Reflex to NTRK 1-3 FISH Panel instead of NTRK NGS if Pan-TRK IHC is positive or equivocal ☐
G - Global TF - Tech-Only FISH TI - Tech-Only IHC

G TF TI**
☐ ☐ ☐ Brain Tumor Profile
☐ ☐ ☐ Breast Tumor Profile*
☐ ☐ ☐ Cervical Tumor Profile*
☐ ☐ ☐ Cholangiocarcinoma Profile
☐ ☐ ☐ Colorectal Tumor Profile* ☐ Opt out of HER2 IHC
• Reflex to HER2 Colorectal (FISH) if global HER2 IHC is 3+ in 11-49% and/or 2+ in ≥ 50% cells
☐ G (Default) ☐ T ☐ Do Not Reflex
3+ in ≥ 50% cells ☐ G ☐ T
0/1+ ☐ G ☐ T
☐ ☐ ☐ Discovery Profile®* ☐ Opt out of HER2 IHC
Primary Tumor: ☐ Breast ☐ Lung ☐ Other
• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ G ☐ T if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+
☐ ☐ ☐ Endometrial Tumor Profile ☐ Opt out of HER2 IHC
• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ G ☐ T if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+
☐ ☐ ☐ Esophageal Tumor Profile*
☐ ☐ ☐ Gastric Tumor Profile* ☐ Opt out of MMR IHC
☐ ☐ ☐ GI Predictive Profile* ☐ Opt out of HER2 IHC
• Perform HER2 IHC with reflex to FISH if applicable as:
☐ HER2 Colorectal (Default)
• Reflex to HER2 Colorectal (FISH) if global HER2 IHC is 3+ in 11-49% and/or 2+ in ≥ 50% cells
☐ G (Default) ☐ T ☐ Do Not Reflex
3+ in ≥ 50% cells ☐ G ☐ T
0/1+ ☐ G ☐ T
☐ HER2 Gastric/GEA
• Reflex to HER2 Gastric/GEA (FISH) ☐ G ☐ T if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+

G TF TI**
☐ ☐ ☐ GIST & Soft Tissue Tumor Profile
☐ ☐ ☐ Head & Neck Tumor Profile*
☐ N/A ☐ HRD+ Profile
☐ ☐ ☐ Liposarcoma Fusion Profile
☐ ☐ ☐ Liver/Biliary Tumor Profile*
☐ ☐ ☐ Lung Tumor Profile** ☐ Opt out of HER2 IHC
• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ G ☐ T if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+
☐ ☐ ☐ Melanoma Profile*
☐ ☐ ☐ Other Solid Tumor Profile*
☐ ☐ ☐ Ovarian Tumor Profile* ☐ Opt out of HER2 IHC
• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ G ☐ T if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+
☐ ☐ ☐ Pancreas Tumor Profile* ☐ Opt out of HER2 IHC
• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ G ☐ T if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+
☐ N/A ☐ Precision Profile®*
☐ ☐ ☐ Thyroid Tumor Profile*
**Ordering Pathologist listed has received the required competency training to perform the professional interpretation for PD-L1.

Liquid Biopsy and Reflex Testing

☐ NeoLAB® Solid Tumor Liquid Biopsy
See InVisionFirst®-Lung Additional Info on back for ABN requirements.
☐ InVisionFirst®-Lung Liquid Biopsy (test upon receipt)
☐ NeoTYPE®-Lung Tumor Profile® on tissue, reflex to InVisionFirst®-Lung Liquid Biopsy if tissue NGS is insufficient
☐ Global ☐ Tech-Only FISH ☐ Tech-Only IHC***
• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ G ☐ T if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+ ☐ Do Not Reflex 2+
☐ NeoTYPE® Discovery Profile® on tissue, reflex to InVisionFirst®-Lung Liquid Biopsy if tissue NGS is insufficient
☐ Global ☐ Tech-Only FISH ☐ Tech-Only IHC***
• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ G ☐ T if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+ ☐ Do Not Reflex 2+

RNA-Based NGS Fusion Panels

☐ Brain NGS Fusion Panel
☐ Breast NGS Fusion Panel
☐ Cholangio/Pancreatic Carcinoma NGS Fusion Panel
☐ Colorectal NGS Fusion Panel
☐ Ewing Sarcoma NGS Fusion Panel
☐ NGS ALK/NTRK/RET/ROS1 + MET Exon 14
☐ Non-Ewing Sarcoma NGS Fusion Panel
☐ NTRK NGS Fusion Panel (NTRK 1-3)
☐ NTRK NGS & RET Fusion Panel
☐ Prostate NGS Fusion Panel
☐ Rhabdomyosarcoma NGS Fusion Panel
☐ Salivary Gland NGS Fusion Panel
☐ Sarcoma Comprehensive NGS Fusion Panel
☐ Targeted Solid Tumor NGS Fusion Panel
☐ Thyroid NGS Fusion Panel
☐ Universal Solid Tumor NGS Fusion Panel

Unknown or Uncertain Tumor Type

☐ CancerTYPE ID® with reflex to NeoTYPE Cancer Profile based on CancerTYPE ID result
Tumor classification followed by targeted biomarkers
NeoTYPE is global unless marked:
☐ Tech-Only FISH ☐ Tech-Only IHC***

Other Testing

☐ BRCA1/2 Mutation Analysis for Tumors
☐ Oncomine Dx® Target Test (for NSCLC)
☐ RAS/RAF Panel
G T
☐ ☐ Other: _____

Breast Cancer Index®, PROLARIS Mutation (Dx, Prognostic)® Assay, Thyroid Sponsored Testing Program: separate requisitions required, see website.

For our complete test menu, TAT, specimen requirements and more, please visit neogenomics.com. *EGFR PCR will be added to lung specimens submitted for these Profiles if insufficient for NGS.

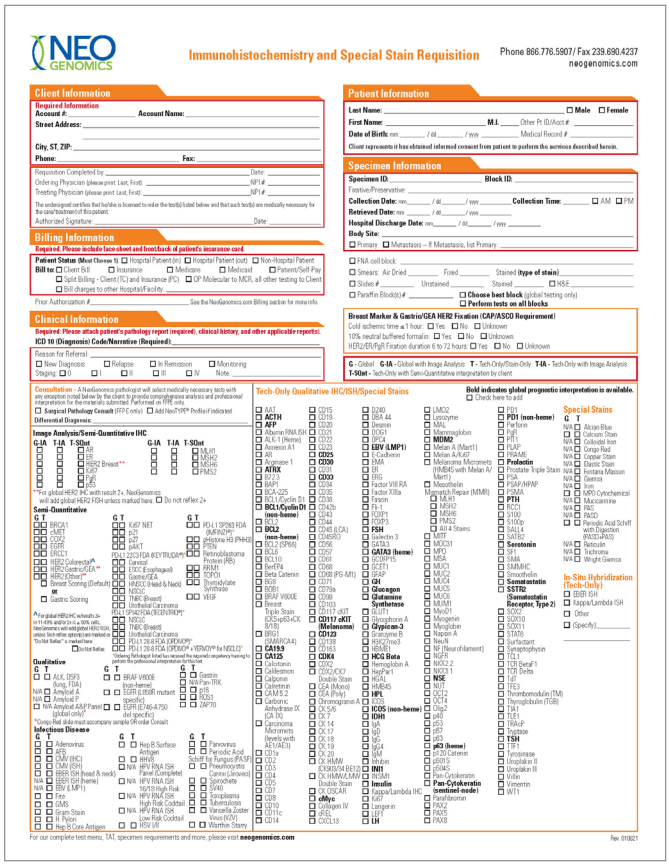
Rev: 07/2021

Shipping instructions

- Complete NGS Solid Tumor Pathology Requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each slide holder and/or block. (Each label should have a requisition number, patient name, and patient DOB). A minimum of two patient identifiers is REQUIRED for each slide holder and/or block.
- Ensure slide holders are closed and sealed tightly. Ensure block cassettes are protected in gauze or individual small sealed bags. Place slides and/or blocks into foam insert.
- Lift foam insert from box and place into biohazard bag along with absorbent sheet.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.

IHC requisition and shipping instructions

Requisition



NEO GENOMICS

Immunohistochemistry and Special Stain 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) Dif Molecular to MDL 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 reports.
ICD 10 (Diagnosis) Code/Narrative (Required):
Reason for Referral:
New Diagnosis Relapse In Remission Monitoring
Staging: 0 I II III 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:
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 & Gastric/GEA 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

Consultation – A NeoGenomics pathologist will select medically necessary tests with any exception noted below by the client to provide comprehensive analysis and professional interpretation for the materials submitted. Performed on FFPE only.
Surgical Pathology Consult (FFP Only) Add NeoTYPE® Profile if indicated
Differential Diagnosis:

Image Analysis/Semi-Quantitative IHC
G-IA T-IA T-SQnt
AR, ER, HER2 Breast**, Ki67, PgR, p53
G T-IA T-SQnt
MLH1, MSH2, MSH6, PMS2
Semi-Quantitative
BRCA1, cMET, COX2, EGFR, ERCC1, HER2 Colorectal*, HER2 Gastric/GEA**, HER2 Other†, Breast Scoring (Default) or Gastric Scoring
Ki67 NET, p21, pAKT, PD-L1 22C3/FDA (KEYTRUDA®), PD-L1 SP263/FDA (IMFINZI®), PD-L1 SP142/FDA (TECENTRIQ®), PD-L1 28-8 FDA (OPDIVO®, + YERVOY® for NSCLC)*
PTEN, Retinoblastoma Protein (Rb), RRM1, TOPO1, Thymidylate Synthase, VEGF
Qualitative
ALK, D5F3, Ibrutinib, TPMT
BRAF V600E, EGFR (L858R mutant specific), EGFR (E746-A750 del specific)
Gastrin, NUP-Pan-TRK, p16, ROS1, ZAP70
Infectious Disease
Adenovirus, AFB, CMV (IHC), CMV (ISH), EBER ISH (head & neck), EBER ISH (Ileum), EBV (LMP1), Fire, GMS, Gram Stain, H. Pylori, Hep B Core Antigen, Hep B Surface Antigen, HHV8, HPV RNA ISH Panel (Completed), HPV RNA ISH 16/18 High Risk, HPV RNA ISH High Risk Cocktail, HPV RNA ISH Low Risk Cocktail, RSV IVF, Parvovirus, Periodic Acid Schiff for Fungus (PASF), Pneumocystis Carinii (Jirovecii), Spirochete, SV40, Toxoplasma, Tuberculosis, Varicella Zoster Virus (VZV), Warthin Starry

Tech-Only Qualitative IHC/ISH/Special Stains

Bold indicates global prognostic interpretation is available. Check here to add

AAT, ACTH, AFP, Albumin RNA ISH, ALK-1 (Ventana), Annexin A1, AR, Arginase 1, ATRX, B72.3, BAP1, BCA-225, BCL1/Cyclin D1, BCL1/Cyclin D1 (non-hemo), BCL2, BCL2 (non-hemo), BCL2/SP66, BCL6, BCL10, Bcl-CP4, Beta Catenin, BG8, BOB1, BRAF V600E, Breast Triple Stain (CK5+p63+CK, 5/18), BRG1 (SMARCA4), CA19-9, CA125, Calretinin, Cardiomarker, Calponin, Cathepsin-K, CAM 5.2, Carbonic Anhydrase IX (CA IX), Carcinoma Micrometry (working with AE1/AE3), CD1a, CD2, CD3, CD4, CD5, CD7, CD8, CD10, CD11c, CD14, CD15, CD18, CD20, CD21, CD22, CD23, CD25, CD30, CD31, CD33, CD34, CD35, CD38, CD42b, CD43, CD44, CD45 (LCA), CD45RO, CD56, CD57, CD61, CD68 (PG-M1), CD71, CD79a, CD99, CD103, CD117 cKIT, CD117 cKIT (Melanoma), CD123, CD138, CD163, CDK4, CDX2, CK1 (CK1,CK2 Double Stain), CEA (Mono), CEA (Poly), Chromogranin A, CK 5/6, CK 7, CK 14, CK 17, CK 18, CK 19, CK 20, CK HMW, CK MNM/LMW, CK OSCAR, cMyo, Collagen IV, CR/EL, CXCL13, D240, DBA 44, Desmin, ES01, ERG4, EBV (LMP1), E-Cadherin, EMA, ER, ERG, Factor VIII RA, Factor XIIIa, Fascin, Fli-1, FOXP1, FOXP3, FSH, Galectin 3, GATA3, GATA3 (heme), GCDFP15, GCET1, GFAP, GH, Glucagon, Glutamine Synthetase, HLTF1, Glycophorin A, Glypican-3, Granzyme B, HCK27/me3, HBME1, HCG Beta, Hemoglobin A, HepPar1, HGAL, HMB45, HPL, ICOS, ICOS (non-heme), IDH1, IgA, IgD, IgG, IgG4, IgM, Inhibin, INI1, INSM1, Insulin, Kappa/Lambda IHC, Ki67, Langerin, LEF1, LH, LMO2, Lysozyme, MAL, Meningioma, MDM2, Melan A (Mart1), Melan A/A103, Melanoma Microsentry (HMB45+anti Melan A/Mart1), Mesothelin, Mismatch Repair (MMR), MLH1, MSH2, MSH6, PMS2, MiT, MOC31, MPO, MSA, MUC1, MUC2, MUC4, MUC5, MUC6, MUM1, Myo21, Myogenin, Myoglobin, Napsin A, NeuN, NF (Neurofilament), NGFR, NKX2.2, NKX3.1, NSE, NUT, OCT2, OCT4, Olig2, p40, p53, p57, p63, p63 (heme), pK (CK Cocktail), pS6Y5, pS6S, Pan-Cytokeratin, Pan-Cytokeratin (sentinel-node), Parathormone, PAX2, PAX5, PAX8, PB1, PD1 (non-heme), Perforin, PgR, PTI1, PLAP, PSA/ME, Prolactin, Prostate Triple Stain, PSA, PSAP/PAP, PSMA, PTH, RCC1, S100, S100p, SALL4, SATB2, Serotonin, SF1, SMA, SMMHC, Smoothelin, Somatostatin, SSTR2 (Somatostatin Receptor, Type 2), SOX2, SOX10, SOX11, STAT6, Surfactant, Synaptophysin, TDT, TCR BetaF1, TCR Delta, Tdt, TFE3, Thrombomodulin (TM), Thyroglobulin (TG6), TIA1, TLE1, TRAcP, Tryptase, TSH, TTF1, Tyrosinase, Uroplakin II, Uroplakin III, Villin, Vimentin, WT1

Special Stains
Alcian Blue, Calcium Stain, Colloidal Iron, Congo Red, Copper Stain, Elastic Stain, Fontana Masson, Giemsa, Iron, MPO Cytochemical, Mucicarmine, PAS, PASD, Periodic Acid Schiff with Digestion (PASD+PAS), Retículin, Trichrome, Weight Giensa

In-Situ Hybridization (Tech-Only)
EBER ISH, Kappa/Lambda ISH, Other, (Specify):

For our complete test menu, TAT, specimen requirements and more, please visit neogenomics.com

Rev: 010821

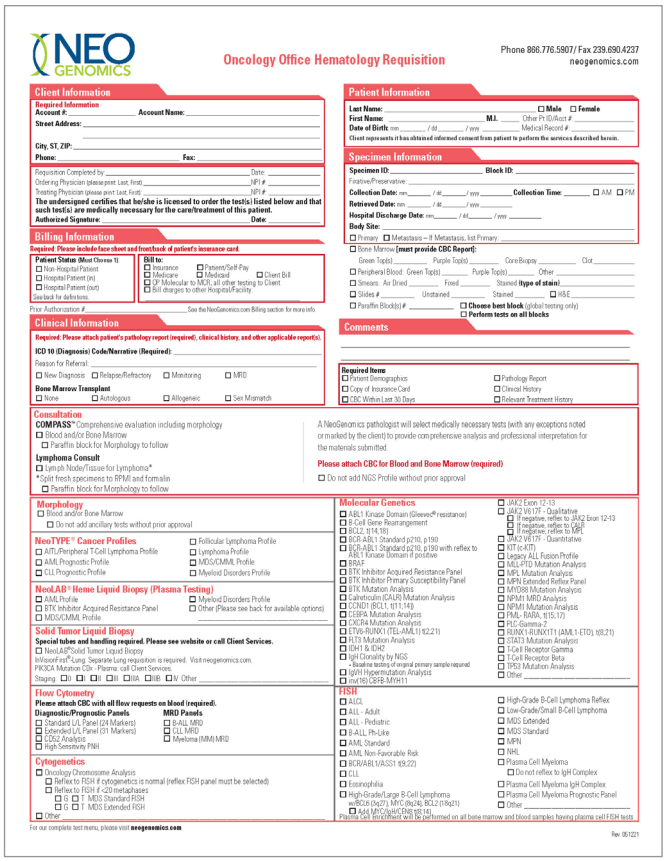
Shipping instructions

- Complete IHC Requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each slide holder and/or block. (Each label should have a requisition number, patient name, and patient DOB). A minimum of two patient identifiers is REQUIRED for each slide holder and/or block.
- Ensure slide holders are closed and sealed tightly. Ensure block cassettes are protected in gauze or individual small sealed bags. Place slides and/or blocks into foam insert.
- Lift foam insert from box and place into biohazard bag along with absorbent sheet.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.

Oncology Office Hematology requisition and shipping instructions

Requisition

New York state version also available



NEO GENOMICS

Oncology Office Hematology 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):
☐ Non-Hospital Patient
☐ Hospital Patient (in)
☐ Hospital Patient (out)
See back for definitions.

Bill to:
☐ Insurance ☐ Patient/Self-Pay
☐ Medicare ☐ Medicaid ☐ Client Bill
☐ GP Molecular to MDR, 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/Refractory ☐ Monitoring ☐ MRD

Bone Marrow Transplant
☐ None ☐ Autologous ☐ Allogeneic ☐ Sex Mismatch

Patient Information

Last Name: _____ ☐ Male ☐ Female
First Name: _____ **M.I.** _____ Other Pt ID/Acct #: _____
Date of Birth: mm _____ / dd _____ / yyy _____ 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 _____ / yyy _____ **Collection Time:** _____ ☐ AM ☐ PM
Retrieved Date: mm _____ / dd _____ / yyy _____
Hospital Discharge Date: mm _____ / dd _____ / yyy _____
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 _____ ☐ M&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

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

Morphology
☐ Blood and/or Bone Marrow
☐ Do not add ancillary tests without prior approval

NeoTYPE™ Cancer Profiles
☐ AITL/Peripheral T-Cell Lymphoma Profile
☐ AML Prognostic Profile
☐ CLL Prognostic Profile
☐ Follicular Lymphoma Profile
☐ Lymphoma Profile
☐ MDS/CMML Profile
☐ Myeloid Disorders Profile

NeoLAB™ Heme Liquid Biopsy (Plasma Testing)
☐ AML Profile
☐ BTK Inhibitor Acquired Resistance Panel
☐ MDS/CMML Profile
☐ Myeloid Disorders Profile
☐ Other (Please see back for available options)

Solid Tumor Liquid Biopsy
Special tubes and handling required. Please see website or call Client Services.
☐ NeoLAB®Solid Tumor Liquid Biopsy
InVisionFirst®-Lung. Separate Lung requisition is required. Visit neogenomics.com.
PIK3CA Mutation CDx - Plasma: call Client Services.
Staging: ☐0 ☐I ☐II ☐III ☐IIIA ☐IIIB ☐IV Other _____

Molecular Genetics
☐ ABL1 Kinase Domain (Sherwet® resistance)
☐ B-Cell Gene Rearrangement
☐ BCL2, t(14;18)
☐ BCR-ABL1 Standard p210, p190
☐ BCR-ABL1 Standard p210, p190 with reflex to ABL1 Kinase Domain if positive
☐ BRAF
☐ BTK Inhibitor Acquired Resistance Panel
☐ BTK Inhibitor Primary Susceptibility Panel
☐ BTK Mutation Analysis
☐ Calreticulin (CALR) Mutation Analysis
☐ CCND1 (BCL1, t(11;14))
☐ CEBPA Mutation Analysis
☐ CKDN4 Mutation Analysis
☐ ETV6-RUNX1 (TEL-AML1) t(12;21)
☐ FLT3 Mutation Analysis
☐ IDH1 & IDH2
☐ IgH Clonality by NGS
☐ Baseline testing of original primary sample required
☐ IgVH Hypermutation Analysis
☐ inv(16) CBFB-MYH11
☐ JAK2 Exon 12-13
☐ JAK2 V617F - Qualitative
☐ If negative, reflex to JAK2 Exon 12-13
☐ If negative, reflex to CALR
☐ If negative, reflex to MPL
☐ JAK2 V617F - Quantitative
☐ KIT (c-KIT)
☐ Legacy ALL Fusion Profile
☐ MLL-PTD Mutation Analysis
☐ MPL Mutation Analysis
☐ MPN Extended Reflex Panel
☐ MYD88 Mutation Analysis
☐ NPM1 MRD Analysis
☐ NPM1 Mutation Analysis
☐ PML- RARA, t(15;17)
☐ PLC-Gamma-2
☐ RUNX1-RUNX1T1 (AML1-ETO), t(8;21)
☐ STAT3 Mutation Analysis
☐ T-Cell Receptor Gamma
☐ T-Cell Receptor Beta
☐ TP53 Mutation Analysis
☐ Other _____

Flow Cytometry
Please attach CBC with all flow requests on blood (required).
Diagnostic/Prognostic Panels
☐ Standard L/L Panel (24 Markers)
☐ Extended L/L Panel (31 Markers)
☐ CD52 Analysis
☐ High-Sensitivity PNH
MRD Panels
☐ B-ALL MRD
☐ CLL MRD
☐ Myeloma (MM) MRD

Cytogenetics
☐ Oncology Chromosome Analysis
☐ Reflex to FISH if cytogenetics is normal (reflex FISH panel must be selected)
☐ Reflex to FISH if <20 metaphases
☐ 6 ☐ 7 MDS Standard FISH
☐ 6 ☐ 7 MDS Extended FISH
☐ Other _____

FISH
☐ ALCL
☐ ALL - Adult
☐ ALL - Pediatric
☐ 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/CD8 t(8;14)
Plasma Cell Workflow will be performed on all bone marrow and blood samples having plasma cell FISH tests.
☐ 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 _____

For our complete test menu, please visit **neogenomics.com**

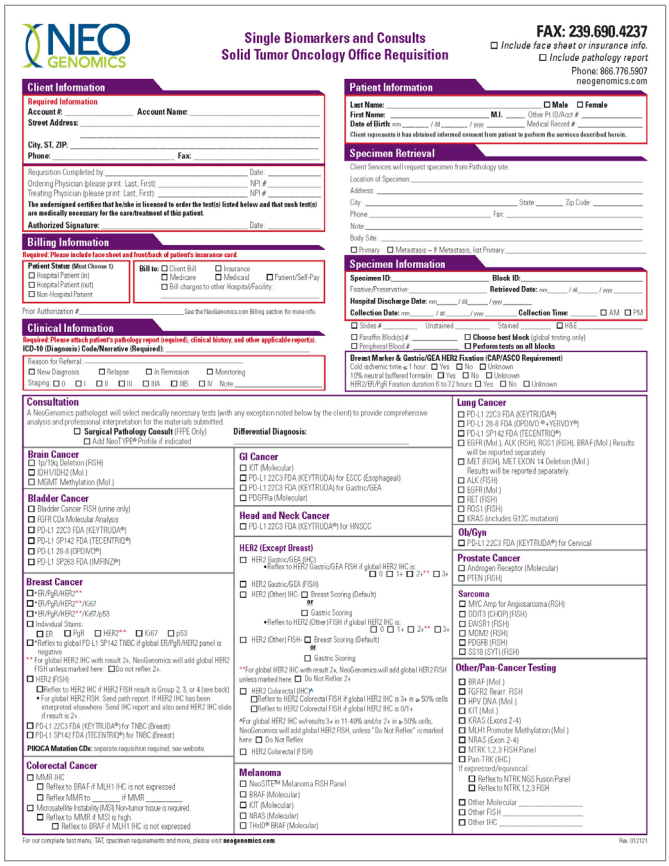
Rev: 051221

Shipping instructions

- Complete Oncology Office Hematology Requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each tube, jar and/or slide. (Each label should have a requisition number, patient name, and DOB). A minimum of two patient identifiers is REQUIRED for each specimen.
- Ensure tube tops and/or slide holders are sealed tightly. Place labeled tubes and/or slide holders into foam insert. Ensure formalin jars are sealed tightly. Place labeled formalin jars separately into small biohazard bag before placing into foam cut-out. Ensure the lid of specimen jar is tightened past the “click” to prevent leakage in transit. Place strip of Parafilm around the lid where it meets the jar for additional protection.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.

Single Biomarkers and Consults Solid Tumor Oncology Office requisition and submission instructions

Requisition



NEO GENOMICS

Single Biomarkers and Consults
Solid Tumor Oncology Office Requisition

FAX: 239.690.4237
☐ *Include face sheet or insurance info.*
☐ *Include pathology report*
Phone: 866.776.5907
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 ☐ 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 ☐ IIA ☐ IIB ☐ 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 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: _____ **Retrieved Date:** mm_____ / dd_____ / yyyy _____
Hospital Discharge Date: mm_____ / dd_____ / yyyy _____
Collection Date: mm_____ / dd_____ / yyyy _____ **Collection Time:** _____ ☐ AM ☐ PM
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Paraffin Block(s) # _____ ☐ **Choose best block** (global testing only)
☐ Peripheral Blood # _____ ☐ **Perform tests on all blocks**
Breast Marker & Gastric/GEA 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

Consultation
A NeoGenomics pathologist will select medically necessary tests (with any exception noted below by the client) to provide comprehensive analysis and professional interpretation for the materials submitted.
☐ **Surgical Pathology Consult** (FFPE Only) ☐ Add NeoTYPE™ Profile if indicated
Differential Diagnosis: _____

Brain Cancer
☐ 1p/19q Deletion (FISH)
☐ IDH1/IDH2 (Mol.)
☐ MGMT Methylation (Mol.)

Bladder Cancer
☐ Bladder Cancer FISH (urine only)
☐ FGFR CDx Molecular Analysis
☐ PD-L1 22C3 FDA (KEYTRUDA®)
☐ PD-L1 SP142 FDA (TECENTRIQ®)
☐ PD-L1 28-8 (OPDIVO®)
☐ PD-L1 SP263 FDA (IMFINZI®)

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 22C3 FDA (KEYTRUDA®) for TNBC (Breast)
☐ PD-L1 SP142 FDA (TECENTRIQ®) for TNBC (Breast)
PIK3CA Mutation CDx: separate requisition 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

GI Cancer
☐ KIT (Molecular)
☐ PD-L1 22C3 FDA (KEYTRUDA) for ESCC (Esophageal)
☐ PD-L1 22C3 FDA (KEYTRUDA) for Gastric/GEA
☐ PDGFRa (Molecular)

Head and Neck Cancer
☐ PD-L1 22C3 FDA (KEYTRUDA®) for HNSCC

HER2 (Except Breast)
☐ HER2 Gastric/GEA (IHC)
•Reflex to HER2 Gastric/GEA FISH if global HER2 IHC is: ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ HER2 Gastric/GEA (FISH)
☐ HER2 (Other) IHC ☐ Breast Scoring (Default)
or
☐ Gastric Scoring
•Reflex to HER2 (Other) FISH if global HER2 IHC is: ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ HER2 (Other) FISH ☐ Breast Scoring (Default)
or
☐ Gastric Scoring
**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: ☐ Do Not Reflex 2+
☐ HER2 Colorectal (IHC)^
☐ Reflex to HER2 Colorectal FISH if global HER2 IHC is 3+ in ≥ 50% cells
☐ Reflex to HER2 Colorectal FISH if global HER2 IHC is 0/1+
^For global HER2 IHC w/results 3+ in 11-49% and/or 2+ in ≥ 50% cells, NeoGenomics will add global HER2 FISH, unless "Do Not Reflex" is marked here: ☐ Do Not Reflex
☐ HER2 Colorectal (FISH)

Melanoma
☐ NeoSITE™ Melanoma FISH Panel
☐ BRAF (Molecular)
☐ KIT (Molecular)
☐ NRAS (Molecular)
☐ Test2® BRAF (Molecular)

Lung Cancer
☐ 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
☐ MET (FISH), MET EXON 14 Deletion (Mol.) Results will be reported separately
☐ ALK (FISH)
☐ EGFR (Mol.)
☐ RET (FISH)
☐ ROS1 (FISH)
☐ KRAS (includes G12C mutation)

Ob/Gyn
☐ PD-L1 22C3 FDA (KEYTRUDA®) for Cervical

Prostate Cancer
☐ Androgen Receptor (Molecular)
☐ PTEN (FISH)

Sarcoma
☐ MYC Amp for Angiosarcoma (FISH)
☐ DDIT3 (CHOP) (FISH)
☐ EWSR1 (FISH)
☐ MDM2 (FISH)
☐ PDGFB (FISH)
☐ SS18 (SYT) (FISH)

Other/Pan-Cancer Testing
☐ BRAF (Mol.)
☐ FGFR2 Rearr. FISH
☐ HPV DNA (Mol.)
☐ KIT (Mol.)
☐ KRAS (Exons 2-4)
☐ MLH1 Promoter Methylation (Mol.)
☐ NRAS (Exon 2-4)
☐ NTRK 1,2,3 FISH Panel
☐ Pan-TRK (IHC)
If expressed/equivocal:
☐ Reflex to NTRK NGS Fusion Panel
☐ Reflex to NTRK 1,2,3 FISH
☐ Other Molecular _____
☐ Other FISH _____
☐ Other IHC _____

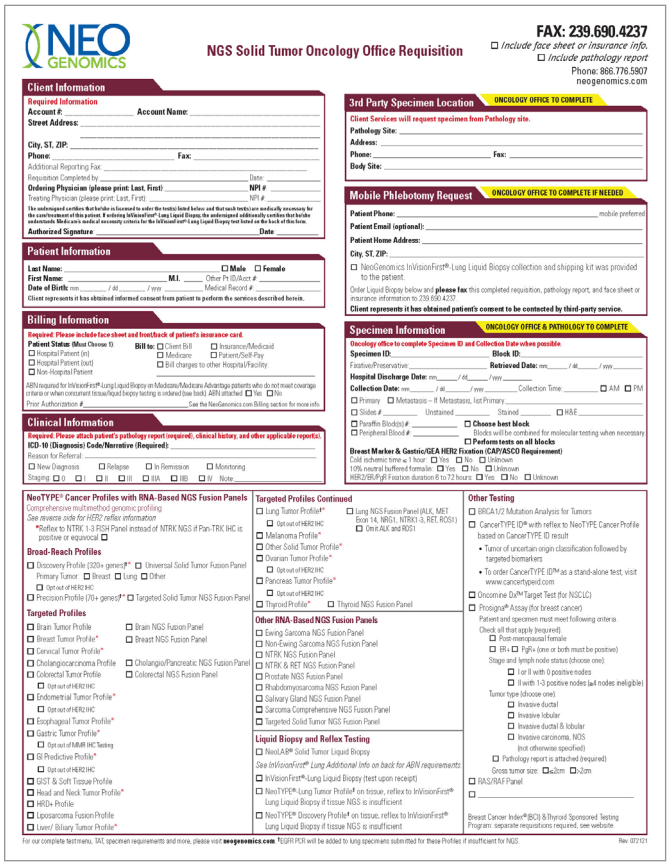
For our complete test menu, TAT, specimen requirements and more, please visit **neogenomics.com** Rev: 012121

Shipping instructions

- Complete Single Biomarkers and Consults Solid Tumor Oncology Office Requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested.
- Fax completed form to the NeoGenomics fax number at 239.690.4237.

NGS Solid Tumor Oncology Office requisition and submission instructions

Requisition



NEO GENOMICS

NGS Solid Tumor Oncology Office Requisition

FAX: 239.690.4237
☐ *Include face sheet or insurance info.*
☐ *Include pathology report*
Phone: 866.776.5907
neogenomics.com

Client Information
Required Information
Account #: _____ Account Name: _____
Street Address: _____
City, ST, ZIP: _____
Phone: _____ Fax: _____
Additional Reporting 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. If ordering InVisionFirst® Lung Liquid Biopsy, the undersigned additionally certifies that he/she understands Medicare's medical necessity criteria for the InVisionFirst® Lung Liquid Biopsy test listed on the back of this form.
Authorized Signature _____ Date _____

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.

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 ☐ Medicare ☐ Insurance/Medicaid ☐ Patient/Self-Pay ☐ Bill charges to other Hospital/Facility: _____
ABN required for InVisionFirst® Lung Liquid Biopsy on Medicare/Medicare Advantage patients who do not meet coverage criteria or when concurrent tissue/liquid biopsy testing is ordered (see back). ABN attached ☐ Yes ☐ No
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: _____

3rd Party Specimen Location — ONCOLOGY OFFICE TO COMPLETE
Client Services will request specimen from Pathology site.
Pathology Site: _____
Address: _____
Phone: _____ Fax: _____
Body Site: _____

Mobile Phlebotomy Request — ONCOLOGY OFFICE TO COMPLETE IF NEEDED
Patient Phone: _____ mobile preferred
Patient Email (optional): _____
Patient Home Address: _____
City, ST, ZIP: _____
☐ NeoGenomics InVisionFirst®-Lung Liquid Biopsy collection and shipping kit was provided to the patient.
Order Liquid Biopsy below and **please fax** this completed requisition, pathology report, and face sheet or insurance information to 239.690.4237.
Client represents it has obtained patient's consent to be contacted by third-party service.

Specimen Information — ONCOLOGY OFFICE & PATHOLOGY TO COMPLETE
Oncology office to complete Specimen ID and Collection Date when possible.
Specimen ID: _____ Block ID: _____
Fixative/Preservative: _____ Retrieved Date: mm_____ / dd_____ / yyyy_____
Hospital Discharge Date: mm_____ / dd_____ / yyyy_____
Collection Date: mm_____ / dd_____ / yyyy_____ Collection Time: _____ ☐ AM ☐ PM
☐ Primary ☐ Metastasis – If Metastasis, list Primary: _____
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Paraffin Block(s) # _____ ☐ Choose best block
☐ Peripheral Blood # _____ Blades will be combined for molecular testing when necessary
☐ Perform tests on all blocks
Breast Marker & Gastric/GEA 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

NeoTYPE® Cancer Profiles with RNA-Based NGS Fusion Panels
Comprehensive multimethod genomic profiling
See reverse side for HER2 reflex information
*Reflex to NTRK 1-3 RISH Panel instead of NTRK NGS if Pan-TRK IHC is positive or equivocal ☐

Broad-Reach Profiles
☐ Discovery Profile (320+ genes)* ☐ Universal Solid Tumor Fusion Panel
Primary Tumor ☐ Breast ☐ Lung ☐ Other
☐ Opt-out of HER2 IHC
☐ Precision Profile (70+ genes)* ☐ Targeted Solid Tumor NGS Fusion Panel

Targeted Profiles
☐ Brain Tumor Profile ☐ Brain NGS Fusion Panel
☐ Breast Tumor Profile* ☐ Breast NGS Fusion Panel
☐ Cervical Tumor Profile*
☐ Cholangiocarcinoma Profile ☐ Cholangio/Pancreatic NGS Fusion Panel
☐ Colorectal Tumor Profile ☐ Colorectal NGS Fusion Panel
☐ Opt-out of HER2 IHC
☐ Endometrial Tumor Profile*
☐ Opt-out of HER2 IHC
☐ Esophageal Tumor Profile*
☐ Gastric Tumor Profile*
☐ Opt-out of MMR IHC Testing
☐ GI Predictive Profile*
☐ Opt-out of HER2 IHC
☐ GIST & Soft Tissue Profile
☐ Head and Neck Tumor Profile*
☐ HRD+ Profile
☐ Liposarcoma Fusion Profile
☐ Liver/ Biliary Tumor Profile*

Targeted Profiles Continued
☐ Lung Tumor Profile#* ☐ Lung NGS Fusion Panel (ALK, MET Exon 14, NRG1, NTRK1-3, RET, ROS1)
☐ Opt-out of HER2 IHC ☐ Dx+ ALK and ROS1
☐ Melanoma Profile*
☐ Other Solid Tumor Profile*
☐ Ovarian Tumor Profile*
☐ Opt-out of HER2 IHC
☐ Pancreas Tumor Profile*
☐ Opt-out of HER2 IHC
☐ Thyroid Profile* ☐ Thyroid NGS Fusion Panel

Other RNA-Based NGS Fusion Panels
☐ Ewing Sarcoma NGS Fusion Panel
☐ Non-Ewing Sarcoma NGS Fusion Panel
☐ NTRK NGS Fusion Panel
☐ NTRK & RET NGS Fusion Panel
☐ Prostate NGS Fusion Panel
☐ Rhabdomyosarcoma NGS Fusion Panel
☐ Salivary Gland NGS Fusion Panel
☐ Sarcoma Comprehensive NGS Fusion Panel
☐ Targeted Solid Tumor NGS Fusion Panel

Liquid Biopsy and Reflex Testing
☐ NeoLAP® Solid Tumor Liquid Biopsy
See InVisionFirst® Lung Additional Info on back for ABN requirements
☐ InVisionFirst®-Lung Liquid Biopsy (test upon receipt)
☐ NeoTYPE®-Lung Tumor Profile# on tissue, reflex to InVisionFirst® Lung Liquid Biopsy if tissue NGS is insufficient
☐ NeoTYPE® Discovery Profile# on tissue, reflex to InVisionFirst® Lung Liquid Biopsy if tissue NGS is insufficient

Other Testing
☐ BRCA1/2 Mutation Analysis for Tumors
☐ CancerTYPE ID® with reflex to NeoTYPE Cancer Profile based on CancerTYPE ID result
• Tumor of uncertain origin classification followed by targeted biomarkers
• To order CancerTYPE ID™ as a stand-alone test, visit www.cancertypeid.com
☐ Oncomine Dx™ Target Test (for NSCLC)
☐ Prosigna® Assay (for breast cancer)
Patient and specimen must meet following criteria:
Check all that apply (required):
☐ Post-menopausal female
☐ ER+ ☐ PgR+ (one or both must be positive)
Stage and lymph node status (choose one):
☐ I or II with 0 positive nodes
☐ II with 1-3 positive nodes (≥4 nodes ineligible)
Tumor type (choose one):
☐ Invasive ductal
☐ Invasive lobular
☐ Invasive ductal & lobular
☐ Invasive carcinoma, NOS (not otherwise specified)
☐ Pathology report is attached (required)
Gross tumor size: ☐≤2cm ☐>2cm
☐ RAS/RAF Panel
☐ _____
Breast Cancer Index®(BCI) & Thyroid Sponsored Testing Program: separate requisitions required, see website.

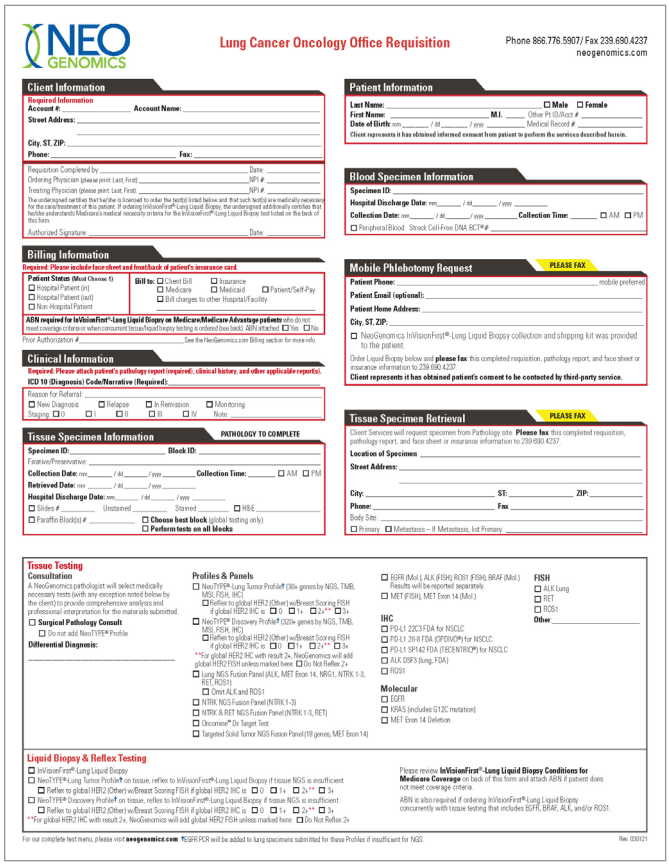
For our complete test menu, TAT, specimen requirements and more, please visit **neogenomics.com**. †EGFR PCR will be added to lung specimens submitted for these Profiles if insufficient for NGS. Rev 072121

Shipping instructions

- Complete NGS Solid Tumor Oncology Office Requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested.
- Fax completed form to the NeoGenomics fax number at 239.690.4237.

Lung Cancer Oncology Office requisition and submission instructions

Requisition



NEO GENOMICS

Lung Cancer Oncology Office 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. If ordering InVisionFirst®-Lung Liquid Biopsy, the undersigned additionally certifies that he/she understands Medicare's medical necessity criteria for the InVisionFirst®-Lung Liquid Biopsy test listed on the back of this form.
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:

ABN required for InVisionFirst®-Lung Liquid Biopsy on Medicare/Medicare Advantage patients: who do not meet coverage criteria or when consumer tissue/liquid biopsy testing is ordered (see back). ABN attached ☐ Yes ☐ No

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 ☐ IV Note: _____

Tissue Specimen Information — PATHOLOGY TO COMPLETE

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**

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.

Blood Specimen Information

Specimen ID: _____
Hospital Discharge Date: mm_____ / dd_____ / yyyy_____
Collection Date: mm_____ / dd_____ / yyyy_____ Collection Time: _____ ☐ AM ☐ PM
☐ Peripheral Blood Streck Cell-Free DNA BCT®# _____

Mobile Phlebotomy Request — PLEASE FAX

Patient Phone: _____ mobile preferred
Patient Email (optional): _____
Patient Home Address: _____
City, ST, ZIP: _____
☐ NeoGenomics InVisionFirst®-Lung Liquid Biopsy collection and shipping kit was provided to the patient
Order Liquid Biopsy below and **please fax** this completed requisition, pathology report, and face sheet or insurance information to 239.690.4237.
Client represents it has obtained patient's consent to be contacted by third-party service.

Tissue Specimen Retrieval — PLEASE FAX

Client Services will request specimen from Pathology site. **Please fax** this completed requisition, pathology report, and face sheet or insurance information to 239.690.4237.
Location of Specimen: _____
Street Address: _____
City: _____ ST: _____ ZIP: _____
Phone: _____ Fax: _____
Body Site: _____
☐ Primary ☐ Metastasis – If Metastases, list Primary: _____

Tissue Testing

Consultation
A NeoGenomics pathologist will select medically necessary tests (with any exception noted below by the client) to provide comprehensive analysis and professional interpretation for the material(s) submitted.
☐ **Surgical Pathology Consult**
☐ Do not add NeoTYPE® Profile
Differential Diagnosis:
_____

Profiles & Panels
☐ NeoTYPE® Lung Tumor Profile® (30+ genes by NGS, TMB, MSI, FISH, IHC)
☐ Reflex to global HER2 (Other) w/Breast Scoring FISH if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ NeoTYPE® Discovery Profile® (320+ genes by NGS, TMB, MSI, FISH, IHC)
☐ Reflex to global HER2 (Other) w/Breast Scoring FISH if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: ☐ Do Not Reflex 2+
☐ Lung NGS Fusion Panel (ALK, MET Exon 14, NRG1, NTRK 1-3, RET, ROS1)
☐ Omit ALK and ROS1
☐ NTRK NGS Fusion Panel (NTRK 1-3)
☐ NTRK & RET NGS Fusion Panel (NTRK 1-3, RET)
☐ Oncomine™ Dx Target Test
☐ Targeted Solid Tumor NGS Fusion Panel (18 genes, MET Exon 14)

☐ EGFR (Mut.), ALK (FISH), ROS1 (FISH), BRAF (Mut.) Results will be reported separately.
☐ MET (FISH), MET Exon 14 (Mut.)

IHC
☐ PD-L1 22C3 FDA for NSCLC
☐ PD-L1 28-8 FDA (OPDIVO®) for NSCLC
☐ PD-L1 SP142 FDA (TECENTRIQ®) for NSCLC
☐ ALK D5F3 (lung, FDA)
☐ ROS1

Molecular
☐ EGFR
☐ KRAS (includes G12C mutation)
☐ MET Exon 14 Deletion

FISH
☐ ALK Lung
☐ RET
☐ ROS1
Other: _____

Liquid Biopsy & Reflex Testing

☐ InVisionFirst® Lung Liquid Biopsy
☐ NeoTYPE® Lung Tumor Profile® on tissue, reflex to InVisionFirst®-Lung Liquid Biopsy if tissue NGS is insufficient
☐ Reflex to global HER2 (Other) w/Breast Scoring FISH if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ NeoTYPE® Discovery Profile® on tissue, reflex to InVisionFirst®-Lung Liquid Biopsy if tissue NGS is insufficient
☐ Reflex to global HER2 (Other) w/Breast Scoring FISH if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: ☐ Do Not Reflex 2+

Please review **InVisionFirst®-Lung Liquid Biopsy Conditions for Medicare Coverage** on back of this form and attach ABN if patient does not meet coverage criteria.

ABN is also required if ordering InVisionFirst®-Lung Liquid Biopsy concurrently with tissue testing that includes EGFR, BRAF, ALK, and/or ROS1.

For our complete test menu, please visit **neogenomics.com**. *EGFR PCR will be added to lung specimens submitted for these Profiles if insufficient for NGS.

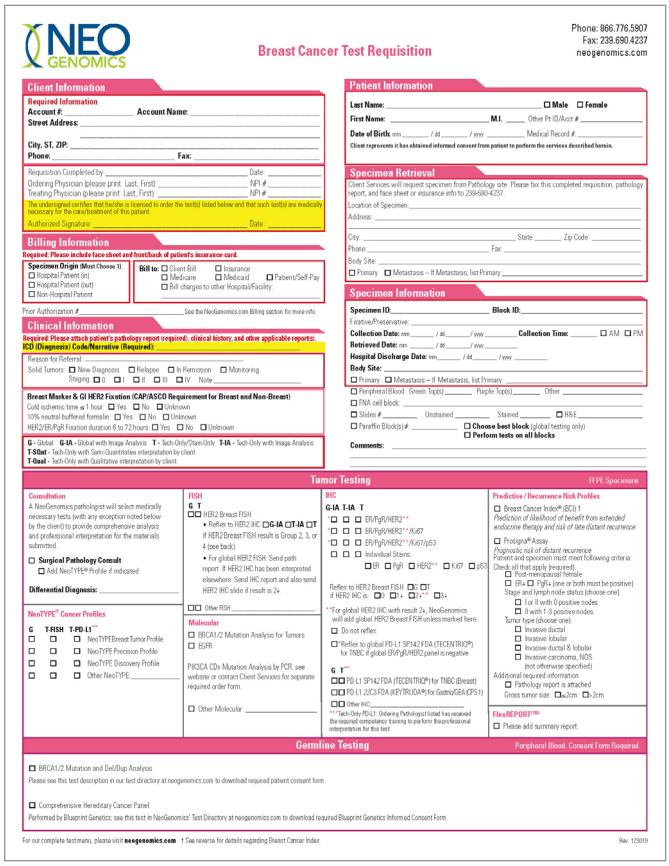
Rev 030121

Shipping instructions

- Complete Lung Cancer Oncology Office Requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- If ordering InVisionFirst®-Lung Liquid Biopsy, see complete Collection and Shipping Instructions included in the liquid biopsy kit and available on our website.
- If using this form to order testing on tumor tissue, fax completed form to the NeoGenomics fax number at 239.690.4237.

Breast Cancer requisition and shipping instructions

Requisition



NEO GENOMICS

Breast Cancer Test 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.

Specimen Origin (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 (Diagnosis) Code/Narrative (Required):

Reason for Referral:
Solid Tumors: ☐ New Diagnosis ☐ Relapse ☐ In Remission ☐ Monitoring
Staging: ☐ 0 ☐ I ☐ II ☐ III ☐ IV Note:

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

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

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. Please fax this completed requisition, pathology report, and face sheet or insurance info to 239-690-4257.
Location of Specimen:
Address:
City: State: Zip Code:
Phone: Fax:
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
Body Site:
☐ Primary ☐ Metastasis – If Metastasis, list Primary:
☐ Peripheral Blood (Green Top(s)) Purple Top(s) Other:
☐ FNA cell block:
☐ Slides # Unstained Stained H&E
☐ Paraffin Block(s) #: ☐ Choose best block (global testing only) ☐ Perform tests on all blocks
Comments:

Tumor Testing — FFPE Specimens

Consultation
A NeoGenomics pathologist will select medically necessary tests (with any exception noted below by the client) to provide comprehensive analysis and professional interpretation for the materials submitted.
☐ Surgical Pathology Consult
☐ Add NeoTYPE® Profile if indicated
Differential Diagnosis:

NeoTYPE® Cancer Profiles
G T-FISH T-PD-L1**
☐ ☐ ☐ NeoTYPE Breast Tumor Profile
☐ ☐ ☐ NeoTYPE Precision Profile
☐ ☐ ☐ NeoTYPE Discovery Profile
☐ ☐ ☐ Other NeoTYPE:

FISH
G T
☐☐ HER2 Breast FISH
• Reflex to HER2 IHC ☐G-IA ☐T-IA ☐T if 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+.
☐☐ Other FISH:

Molecular
☐ BRCA1/2 Mutation Analysis for Tumors
☐ EGFR
PIK3CA CDx Mutation Analysis by PCR; see website or contact Client Services for separate required order form.
☐ Other Molecular:

IHC
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 HER2 IHC is: ☐1+ ☐2+** ☐3+
**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 Breast FISH unless marked here:
☐ Do not reflex
☐ Reflex to global PD-L1 SP142 FDA (TECENTRIQ®) for TNBC if global ER/PgR/HER2 panel is negative
G T**
☐☐ PD-L1 SP142 FDA (TECENTRIQ®) for TNBC (Breast)
☐☐ PD-L1 22C3 FDA (KEYTRUDA®) for Gastro/GEA (CPS 1)
☐☐ Other IHC:
** Tech-Only PD-L1: Ordering Pathologist listed has received the required competency training to perform this professional interpretation for this test.

Predictive / Recurrence Risk Profiles
☐ Breast Cancer Index® (BCI) †
Prediction of likelihood of benefit from extended endocrine therapy and risk of late distant recurrence
☐ Prosigna® Assay
Prognostic risk of distant recurrence
Patient and specimen must meet following criteria. Check all that apply (required).
☐ Post-menopausal female
☐ ER+ ☐ PgR+ (one or both must be positive)
Stage and lymph node status (choose one):
☐ 1 or 2 with 0 positive nodes
☐ 2 with 1-3 positive nodes
Tumor type (choose one):
☐ Invasive ductal
☐ Invasive lobular
☐ Invasive ductal & lobular
☐ Invasive carcinoma, NOS (not otherwise specified)
Additional required information
☐ Pathology report is attached
Gross tumor size: ☐≤2cm ☐>2cm

FlexREPORT™
☐ Please add summary report

Germline Testing — Peripheral Blood, Consent Form Required

☐ BRCA1/2 Mutation and Del/Dup Analysis
Please see this test description in our test directory at neogenomics.com to download required patient consent form.

☐ Comprehensive Hereditary Cancer Panel
Performed by Blueprint Genetics; see this test in NeoGenomics' Test Directory at neogenomics.com to download required Blueprint Genetics Informed Consent Form.

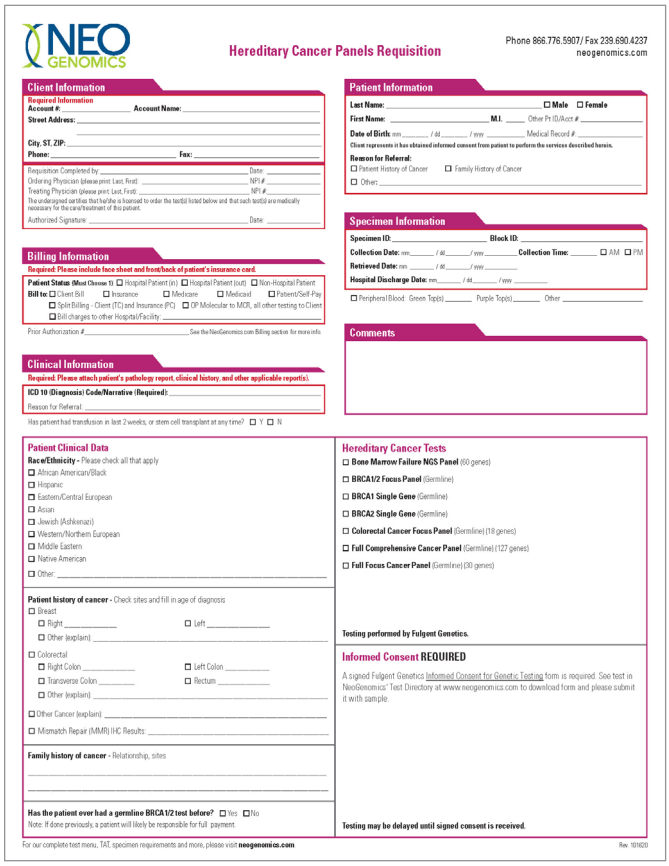
For our complete test menu, please visit neogenomics.com † See reverse for details regarding Breast Cancer Index. Rev: 123019

Shipping instructions

- Complete Breast Cancer Requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each slide holder and/or block. (Each label should have a requisition number, patient name, and patient DOB). A minimum of two patient identifiers is REQUIRED for each slide holder and/or block.
- Ensure slide holders are closed and sealed tightly. Ensure block cassettes are protected in gauze or individual small sealed bags. Place slides and/or blocks into foam insert.
- Lift foam insert from box and place into biohazard bag along with absorbent sheet.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.

Hereditary Cancer Panels requisition and shipping instructions

Requisition



NEO GENOMICS

Hereditary Cancer Panels 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) ☐ CP Molecular to MDL, 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, clinical history, and other applicable report(s).

ICD 10 (Diagnosis) Code/Narrative (Required): _____
Reason for Referral: _____

Has patient had transfusion in last 2 weeks, or stem cell transplant at any time? ☐ Y ☐ N

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.
Reason for Referral:
☐ Patient History of Cancer ☐ Family History of Cancer
☐ Other: _____

Specimen Information

Specimen ID: _____ Block ID: _____
Collection Date: mm_____ / dd_____ / yyyy _____ Collection Time: _____ ☐ AM ☐ PM
Retrieved Date: mm_____ / dd_____ / yyyy _____
Hospital Discharge Date: mm_____ / dd_____ / yyyy _____

☐ Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____

Comments

Patient Clinical Data

Race/Ethnicity - Please check all that apply
☐ African American/Black
☐ Hispanic
☐ Eastern/Central European
☐ Asian
☐ Jewish (Ashkenazi)
☐ Western/Northern European
☐ Middle Eastern
☐ Native American
☐ Other: _____

Patient history of cancer - Check sites and fill in age of diagnosis
☐ Breast
☐ Right _____ ☐ Left _____
☐ Other (explain) _____
☐ Colorectal
☐ Right Colon _____ ☐ Left Colon _____
☐ Transverse Colon _____ ☐ Rectum _____
☐ Other (explain) _____
☐ Other Cancer (explain) _____
☐ Mismatch Repair (MMR) IHC Results: _____

Family history of cancer - Relationship, sites
_____
_____

Has the patient ever had a germline BRCA1/2 test before? ☐ Yes ☐ No
Note: If done previously, a patient will likely be responsible for full payment.

Hereditary Cancer Tests

☐ **Bone Marrow Failure NGS Panel** (60 genes)
☐ **BRCA1/2 Focus Panel** (Germline)
☐ **BRCA1 Single Gene** (Germline)
☐ **BRCA2 Single Gene** (Germline)
☐ **Colorectal Cancer Focus Panel** (Germline) (18 genes)
☐ **Full Comprehensive Cancer Panel** (Germline) (127 genes)
☐ **Full Focus Cancer Panel** (Germline) (30 genes)

Testing performed by Fulgent Genetics.

Informed Consent REQUIRED

A signed Fulgent Genetics Informed Consent for Genetic Testing form is required. See test in NeoGenomics' Test Directory at www.neogenomics.com to download form and please submit it with sample.

Testing may be delayed until signed consent is received.

For our complete test menu, TAT, specimen requirements and more, please visit **neogenomics.com**

Rev. 101620

Shipping instructions

- Complete Hereditary Cancer Panels Requisition, making sure all sections are completed in their entirety which includes client, patient, coding, specimen, and billing information sections, reason for referral, and tests requested. Write patient name and DOB on appropriate number of labels provided with the requisition.
- Place a label on each tube, jar and/or slide. (Each label should have a requisition number, patient name, and DOB). A minimum of two patient identifiers is REQUIRED for each specimen.
- Ensure tube tops and/or slide holders are sealed tightly. Place labeled tubes and/or slide holders into foam insert. Ensure formalin jars are sealed tightly. Place labeled formalin jars separately into small biohazard bag before placing into foam cut-out. Ensure the lid of specimen jar is tightened past the "click" to prevent leakage in transit. Place strip of Parafilm around the lid where it meets the jar for additional protection.
- Remove as much air as possible from the biohazard bag and seal it. Place folded test requisition and/or manifest in pocket on side of biohazard bag.
- Place sealed bag with requisition back into box.
- Place cool pack in box, on top of biohazard bag. Do not allow cool pack to be in direct contact with specimen.
- Close box and tuck tabs into place. No tape necessary.

NeoGenomics Laboratories is a specialized oncology reference laboratory providing the latest technologies, testing, partnership opportunities and interactive education to the oncology and pathology communities. We offer the complete spectrum of diagnostic services in molecular testing, FISH, cytogenetics, flow cytometry and immunohistochemistry through our nationwide network of CAP-accredited, CLIA-certified laboratories.

12701 Commonwealth Dr., Suite 9
Fort Myers, FL 33913
Phone: 866.776.5907 | Fax: 239.690.4237
www.neogenomics.com

CORP-MRKT-0012 Rev. 091621