

KRAS Single Gene Test (SGT) Request Form



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

Test to be performed:

KRAS G12C Mutation

Analysis for NSCLC

Metastatic (stage IV) Non-Small Cell Lung Cancer

ICD 10 (Diagnosis) Code/Narrative:

How the KRAS SGT Program works

- 1. Order the test and collect sample for a single gene biomarker test to detect KRAS G12C in metastatic (stage IV) non-small cell lung cancer (NSCLC) patients
- 2. Send the completed KRAS SGT request form and the sample to NeoGenomics Laboratories (if sample is not sent, ensure Specimen Retrieval is completed on the form and fax to 1-239-690-4237)
- 3. Results will be delivered within 7 days of receipt of form and specimen that meets all requirements

Please provide the information below. Fields with * are required.

Client Information*						
Account #:	Account Name:					
Street Address:						
City:		State:	ZIP Code:			
Phone Number:		Fax Number:				
Requisition Completed by:				Date:		
Ordering Physician (Please print Last, First):				NPI #:		
Treating Physician (Please print Last, First):				NPI #:		
Patient Information*						
Patient First, Middle Initial, and Last Name:				Gender:	Male	Female
Patient Date of Birth:		MRN #:				
I,above. I confirm that the information listed about I attest that the <i>KRAS</i> test is medically necessath this test and participate in this program. I unde NeoGenomics Laboratory fees to perform a sir including, but not limited to, office visit or biops. The tests shall not be included in a bundled pay or pathologist shall not be compensated for any	ry for the patient listed rstand and acknowled agle KRAS SGT and do by fees. I agree that I want to any health car	on this form, and the ge that this program oes not cover the purill not seek reimbure facility, including,	nat I have obtain m covers only patient's costs rsement from	ined the patient' this patient's co for physician or any third-party	's consent to ests associa administra payer or m	to perform ated with ative fees by patient.
The undersigned certifies that he/she is licensed to order	the test(s) listed below and	that such test(s) are m	edically necessar	y for the care/treatr	nent of this pa	atient.
Physician Signature:			Da	ate:		
*The program does not cover any other costs, including, bu	t not limited to, office visit fe	es and biopsy fees.				





OMARKER KRAS SGT Request Form (continued)



Specimen Requirements

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

Specimen	Retrie	val (Requ	uired only if s	ample is	not sent)			
Client Services w	ill reques	st specimen	from patholog	y site.				
Location of Speci	men:							
Street Address:								
City:			State:	ZIP Code:				
Phone Number:			Fax Number:					
Specimen	Inforn	nation*						
Specimen ID:					Block ID:			
Fixative/Preserva	tive:							
Collection Date:	mm	/ dd _	/ yyyy		Collection Time:		AM	РМ
Retrieved Date:	mm	/ dd _	/ yyyy		_			
Hospital Discha	rge Date	: mm	/ dd	_ / yyyy _	Body Site:			
Primary	Metasta	sis—If Meta	astasis, list Prir	mary:				
Slides #	Unsta	ained	Stained		H&E Pa	raffin Block(s) #:	Note: Best ble	

Specimen Transport Kit

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

First time ordering with NeoGenomics?

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

Existing NeoGenomics Customers

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

Specimen Requirements

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

Test Descriptions

Please see complete test description and other tests available outside this program at www.neogenomics.com.

Test Notations

Specimen Usage: NeoGenomics makes every effort to preserve and not exhaust tissue, but in small and thin specimens, there is a possibility of exhausting the specimen in order to ensure adequate material and reliable results.

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





OMARKER KRAS Single Gene Test Program **Terms and Conditions**



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

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

PATIENT PROGRAM ELIGIBILITY:

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

- · diagnosed with metastatic (Stage IV) Non-Small Cell Lung Cancer (NSCLC) whose healthcare provider has ordered a KRAS G12C SGT biomarker laboratory test; and,
- · reside in the United States, Puerto Rico, or the United States territories.

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

PROGRAM BENEFITS:

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

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

PROGRAM DETAILS:

For all eligible patients the Program offers:

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

PROGRAM LIMITATIONS:

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

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

Please ask a Biomarker Assist representative if you have any questions by calling 1-888-4ASSIST (1-888-427-7478). BY USING THIS PROGRAM, PARTICIANTS ACKNOWLEDGE THAT THEY UNDERSTAND AND AGREE TO COMPLY WITH THESE ELIGIBILITY REQUIREMENTS AND TERMS AND CONDITIONS OF USE.

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

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

Test Descriptions — Please see complete test description and other tests available outside this program at www.neogenomics.com.

Test Notations — Specimen Usage: NeoGenomics makes every effort to preserve and not exhaust tissue, but in small and thin specimens, there is a possibility of exhausting the specimen in order to ensure adequate material and reliable results.

The Program is valid through 12/31/2022 and only covers tests processed through a participating NeoGenomics laboratory on or before 12/31/2022.

