

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.

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® # _____

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 concurrent tissue molecular/liquid biopsy testing is ordered (see back)- ABN attached Yes No
 Prior Authorization # if required _____ See 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: _____
 New Diagnosis Relapse In Remission Monitoring
 Staging: 0 I II IIIA IIIB IV **Note:** _____

Tissue 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
 Slides # _____ **Unstained** _____ **Stained** _____ H&E
 Primary Metastasis – If Metastasis, list Primary: _____
 Paraffin Block(s) #: _____ **Choose best block** (Blocks will be combined for molecular testing when necessary.)
 Perform tests on all blocks

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.

3rd Party Specimen Location

ONCOLOGY OFFICE TO COMPLETE

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: _____

Liquid Biopsy Only

- InVisionFirst®-Lung Liquid Biopsy
- InVisionFirst®-Lung Liquid Biopsy, process and hold

Liquid Biopsy + Tissue Testing

- InVisionFirst®-Lung Liquid Biopsy and tissue PD-L1 22C3 FDA for NSCLC IHC
Complete Tissue Specimen Info and 3rd Party Specimen Location above.
- NeoTYPE® Lung Tumor Profile on tissue first, reflex to InVisionFirst®-Lung Liquid Biopsy if tissue NGS is insufficient

NeoTYPE Lung Tumor Profile Notes

1. PD-L1 22C3 FDA for NSCLC IHC is included.
2. See reverse for HER2 reflex pathway.

Specimen Requirements

InVisionFirst®-Lung Liquid Biopsy: Do not refrigerate. Special collection tubes and shipping requirements apply. Please contact Client Services for kits and see instructions provided in kit.

All other tests: Use cool pack during transport. Please call Client Services Team with any questions regarding specimen requirements or shipping instructions at 866.776.5907 option 3. Please refer to the website for specific details on each specimen.

Additional Billing Information

Any organization referring specimens for testing services pursuant to this Requisition Form ("Client") expressly agrees to the following terms and conditions.

- 1. Binding Service Order.** This Requisition Form is a legally binding order for the services ordered hereunder ("Services") and Client agrees that it is financially responsible for all tests billable to Client hereunder.
- 2. Third Party Billing by NeoGenomics and Right to Bill Client.** Client agrees to accurately indicate on the front of the Requisition Form that either Client should be billed (e.g., Client receives reimbursement pursuant to a non-fee-for-service basis, including, but not limited to, a capitated, diagnostic related group ("DRG"), per diem, all-inclusive, or other such bundled or consolidated billing arrangement) or NeoGenomics should bill the applicable federal, state or commercial health insurer or other third party payer (collectively, "Payers") for all Services ordered pursuant to this Requisition Form. For all such Services billable to Payers, Client agrees to provide all billing information necessary for NeoGenomics to bill such payer. In the event NeoGenomics: (i) does not receive the billing information required for it to bill any Payers within ten days of the date that any Services are reported by NeoGenomics; (ii) the Services were performed for patients who have no Payer coverage arrangements; or (iii) the Payer identified by Client denies financial responsibility for the Services and indicates that Client is financially responsible, NeoGenomics shall have the right to bill such Services to Client.

InVisionFirst®-Lung Liquid Biopsy Conditions for Medicare Coverage

InVisionFirst®-Lung Liquid Biopsy is a plasma-based, somatic comprehensive genomic profiling test (CGP) intended to assist physicians caring for patients with advanced (Stage IIIB/IV) non-small cell lung cancer (NSCLC). In accordance with Medicare's MoIDX Noridian LCD L37897, testing is appropriate under the following circumstances:

At diagnosis and untreated: When results for EGFR single nucleotide variants (SNVs) and insertions and deletions (indels); rearrangements in ALK and ROS1; and SNVs for BRAF are not available AND when tissue-based CGP is infeasible [i.e., quantity not sufficient (QNS) for tissue-based CGP or invasive biopsy is medically contraindicated] **OR**

At progression: For patients progressing on or after chemotherapy or immunotherapy who have not been tested for EGFR SNVs and indels; rearrangements in ALK and ROS1; and SNVs for BRAF, and for whom tissue-based CGP is infeasible; or for patients progressing on EGFR tyrosine kinase inhibitors (TKIs).

A signed ABN is required if patient does not meet the coverage criteria. ABN is also required if ordering InVisionFirst®-Lung Liquid Biopsy concurrently with tissue testing that includes EGFR, BRAF, ALK, and ROS1.

Test Descriptions

NeoTYPE Lung Tumor Profile HER2 Reflex Default Pathway

This test will reflex to HER2 (Other) w/Breast Scoring FISH if HER2 IHC is 2+. Inquire for other options.

Please see complete test descriptions and all available tests at our website, www.neogenomics.com

Test Notations

Specimen Usage

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

InVisionFirst®-Lung

InVisionFirst®-Lung liquid biopsy testing is performed by Invata. See www.neogenomics.com for test details.