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. NeoGenomics offers our expertise in the following technologies: Fluorescence In Situ Hybridization, Flow Cytometry, Molecular Genetics, Cytogenetics, Pathology, and Immunohistochemistry.

Our mission

We save lives by improving patient care.

Our vision

We are becoming the world's leading provider of comprehensive cancer testing, data and solutions through uncompromising quality, exceptional customer experience, and innovative products and services.

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. 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

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. Contact information for our assigned Medical Directors for each of our major laboratory facilities and other important contact information is listed below for your convenience:

- **Arizona (Phoenix) Medical Director:** Viera Nelson, M.D. – 949.445.7300, ext. 5707
- **California (Aliso Viejo) Medical Director:** Vladislav Chizhevsky, M.D. – 949.445.7300, ext. 3289
- **California (Fresno) Medical Director:** Maya Thangavelu, Ph.D. – 949.445.7300, ext. 2620
- **California (Carlsbad) Medical Director:** Yin Xu, M.D. Ph.D. – 949.445.7300, ext. 5142
- **California (La Jolla): Medical Director:** Thanh Ho, M.D. – 949.445.7300, ext. 5046
- **Florida (Fort Myers) Medical Director:** Anahit Nowrouzi, M.D. – 239.258.2528
- **Florida (Tampa/Temple Terrace) Lab Director:** John McGill, Ph.D. – 239.768.0600, ext. 2311
- **Georgia (Atlanta) Medical Director:** Yin Xu, M.D. Ph.D. – 949.445-7300, ext. 5142
- **Illinois (Chicago) Medical Director:** Anahit Nowrouzi, M.D. – 239.768-0600 ext 2364
- **North Carolina (Durham) Medical Director:** Nathan Montgomery, M.D., Ph.D. – 919.679-2815
- **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 NeoGenomics website. NeoGenomics Laboratories Florida NeoGenomics Laboratories California www.neogenomics.com 9490 Neogenomics Wy 31 Columbia T: 866.776.5907 Fort Myers, FL 33912 Aliso Viejo, CA 92656 F: 239.690.4237. **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 CMS website. 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) may in certain instances require that a patient sign an Advance Beneficiary Notice ("ABN") 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.**

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 will likely impact turnaround time for the test results while we gather the missing information.

Annual Notice to Clients

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, specimen requirements may be found in the resources section of our 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.

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 for a complete list of Category A Infectious Specimens.

Annual Notice to Clients

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 certain 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.

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." If after adjudication the patient's insurance plan dictates so, 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 in limited circumstances as warranted. 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.

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 & Ethics Department at 239-768-0600 or compliance@neogenomics.com

Licensing and Regulatory

NeoGenomics is licensed under the Clinical Laboratory Improvement Amendment of 1988 ("CLIA") and is authorized to provide diagnostic laboratory services in the states of Florida, California, New York, Rhode Island, Pennsylvania and Maryland. In addition, NeoGenomics is both a Medicare and Medicaid provider.

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: 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.

- 24/7 provider resource for inquiries on all Neo products and services related questions, and to assist getting providers the support they need from our expert medical and technical staff.
- The Client Services team is structured to provide personalized care to each client account.
- Our team is structured so that each advocate has their own list of accounts that they handle cases on remediation for daily.
- To help expedite the testing results, CS contacts clients within hours of specimen receipt to capture missing information or order clarification.
- Additionally, each advocate is placed in a "regional pod" with other advocates supporting clients in the same geographic region of the country. In most cases these advocates sit next to each other and coordinate their activities to support each other's client lists as needed.

Solid Tissue Acquisition

- CS works to obtain patient biopsies for solid tissue testing when it is being held by a 3rd Party.

Medical Records

- CS coordinates all medical records requests following patient privacy regulations.

Outreach Support

- Outreach specialists provide communication to sales and clients on solid tumor tissue testing QNS/TNP to explore additional steps needed to get a patient a timely result.

Client Services

Client Services

Telephone:	866.776.5907, option 3
Fax:	239.690.4237
Email:	client.services@neogenomics.com
Hours of Operation:	Monday – Friday: 7:00 a.m. – 9:00 p.m. Eastern Saturday: 7:00 a.m. – 7:30 p.m. Eastern
After Hours:	After normal business hours, 7 days per week

Specimen Pick-Up and Couriers

Telephone:	866.776.5907, option 1
Hours of Operation:	24 hours per day, 7 days per week

Client Billing Services

Telephone:	888.690.0043
Hours of Operation:	Monday – Friday 8:00 a.m. – 7:00 p.m. Eastern
Fax:	888.443.4153
Email:	avclientbilling@neogenomics.com

Patient Billing Services

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

Laboratory Locations

Fort Myers, Florida
9490 NeoGenomics Way
Fort Myers, FL 33912
Telephone: 239.768.0600
Fax: 239.690.4237

Carlsbad, California
2173 Salk Ave.
Suite 300
Carlsbad, CA 92008
Phone: 800.755.1605
Fax: 888.755.1604

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

Chicago, Illinois
18660 Graphics Dr., Suite 201
Tinley Park, IL 60477

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: 800.755.1605

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

RTP
8 Davis Drive, Suite 120
Durham, NC 27709

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

Fresno, California
5 E River Park Place, Suite 102
Fresno, CA 93720

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

Cambridge, UK
Babraham Research Campus, Babraham
Cambridge, CB22 3FH UK

NeoLINK®

NeoLINK®, our web-based Laboratory Information System, offers the convenience, efficiency, and the flexibility to order testing and access results any time through a secure internet connection. Our system is designed to decrease paperwork while facilitating workflow by providing digital means of on-demand access to test menus, results, and testing progress. NeoLINK has been developed in collaboration with medical specialists to provide convenient, 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) provides a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services.

At NeoGenomics Laboratories, we possess the ability to receive and send HL7 messages to support your order and result workflows. This allows for you to automate ordering workflows from your Electronic Health Record system or Laboratory Information System to NeoGenomics as well as automating result workflows from NeoGenomics back to your Electronic Health Record system or Laboratory Information System. NeoGenomics offers electronic ordering and resulting in a variety of message formats or file formats such as HL7 2.X, HL7 FHIR, JSON, XML, CSV, or just providing a PDF report to a secure shared drive. These data formats can be transacted through a myriad of connectivity options that suit your needs. We are able to support, but are not limited to, the following secure connection methods: SFTP, site-to-site VPN tunnels, and HTTPS.

For more information on NeoLINK 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 training 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 Training Assessments to test your knowledge. Certificates of training completion 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.

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.

Patient Services

Clinical Trials Matching
Through our partnerships, we evaluate results and provide clinical trial options that your patient may be eligible for. Based on our NeoGenomics test results, our clinical trials matching team will reach out to inform you of potential trials and eligibility for your patients.

Testing and Cancer Education
Our patient resources are designed to provide meaningful information for your patients based on where they are in their cancer journey.

Peer-peer Support and Cancer Group Support
Through our broad network of partners, we connect your patients with peer-to-peer support and other cancer support groups based on individual needs.

In Home Blood Draws and Site Draws
Scheduling and specimen retrieval based on the patients' needs to support testing ordered.

Care Navigation
Support in obtaining diagnostic testing, reducing barriers to your patient's care.

Financial Assistance Programs
Our dedicated team is here to support your patient. We offer prompt pay discounts, no interest payment plans, sponsored testing programs and more.

Sponsored Testing Programs
We work with industry partners to create pathways to emerging advances in personalized medicine. These programs create awareness and access to reduced or no-cost testing for qualified patients.

Comprehensive Payor Coverage
We are a participating provider with Medicare, Medicaid, in addition to a large number of private insurance and managed care organizations. We accept assignments on all insurance payers.

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 a.m. – 7:00 p.m. Eastern

For NeoGenomics patient billing questions:

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

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, your patient 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 your patient. In certain cases, your patient may also receive an invoice from Clarient Diagnostic Services, a NeoGenomics company.

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

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

Payment Options

If your patient receives 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: Your patient may complete the form on your invoice. Or, to pay by phone, please call us at the number below. A receipt can be mailed upon request.
Pay Online: Please visit 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 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 (non-New York and New York versions)
- Single Biomarkers and Consults Solid Tumor Pathology requisition (non-New York and New York versions)
- NGS Solid Tumor Pathology requisition
- IHC requisition
- Oncology Office Hematology requisition (non-New York and New York versions)
- Single Biomarkers and Consults Solid Tumor Oncology Office requisition (non-New York and New York versions)
- NGS Solid Tumor Oncology Office requisition (non-New York and New York versions)
- Lung Cancer Oncology Office requisition
- Breast Cancer requisition
- Hereditary Cancer Panel requisition
- InvisionFirst® – Lung 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	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	**Neo Comprehensive™ – Heme Cancers** **Neo Comprehensive™ – Myeloid Disorders** **NeoTYPE® – AITL/Peripheral T-Cell Lymphoma, ALL, AML Prognostic, Discovery Profile for Hematologic Cancers, JMML, Lymphoid Disorders, Lymphoma, MDS/CMML**	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. (See notes below)	**Biopsies and other surgical specimens:** Minimum of ≥10mm² surface area with ≥20% tumor nuclei* **Cytology cell blocks or FNA FFPE:** Minimum ≥500 tumor cellswith ≥20% tumor nuclei* | Available for select tests, see website to confirm before sending - Requisitions must note specimen is FNA - FNA smears, unembedded FNA samples, or cytology cells in suspension are not accepted **FISH and IHC requirements for NeoTYPE® Cancer Profiles:** **FISH:** 50-100 viable tumor cells per probe set **IHC:** The minimum number of viable tumor cells varies between 50-200 depending on the test requested. It is recommended for all IHC testing to submit >200 viable tumor cells. *10% NBF fixative only, decalcified samples not accepted. The following components of NeoTYPE® Cancer Profiles require ≥40% tumor nuclei: MSI (excluding Colon) if no paired normal is available, and MGMT Promoter Methylation in brain.
	NeoTYPE® CLL	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	**Neo Comprehensive™ – Solid Tumor** **NeoTYPE® DNA & RNA – Brain, Lung** **NeoTYPE® – Breast, Cervical, Colorectal, Endometrial, Esophageal, Gastric, GI Predictive, GIST/Soft Tissue, Head and Neck, HRR, Liposarcoma Fusion, Liver/Biliary, Lung, Melanoma, Other Solid Tumor, Ovarian, Pancreas, Thyroid, Precision**	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® 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.	N/A

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:

- COMPASS Peripheral Blood Kit with foam insert
- One 6 mL EDTA tube (purple top)
- Two 6 mL sodium heparin tube (green top)
- Slide holder w/ slides (optional)

Bone Marrow Kit

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

Kit components included:

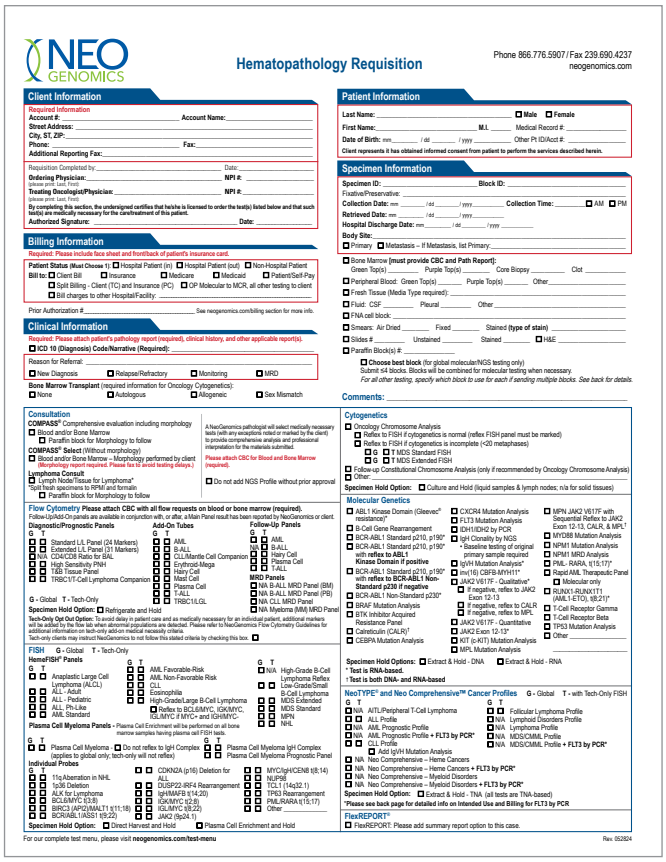
- 1-10 x 10 biohazard bag with pouch
- 2-3 x 4 zip closure bags
- 3-4ml K2 EDTA tubes
- 2-6ml Sodium Heparin tubes
- 1-6ml K2 EDTA tube
- 1-Aqui-Pack 4 bay absorbent pouch
- 2-Five slide-slide mailers with sliders
- 2-10ml fill in 20ml Jar 10% NBF

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: _____
Additional Reporting Fax: _____

Requisition Completed by: _____ Date: _____
Ordering Physician: _____ NPI #: _____
(please print: Last, First)
Treating Oncologist/Physician: _____ NPI #: _____
(please print: Last, First)
By completing this section, 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 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

Patient Information

Last Name: _____ ☐ Male ☐ Female
First Name: _____ M.I. _____ Medical Record #: _____
Date of Birth: mm _____ / dd _____ / yyyy _____ Other Pt ID/Acct #: _____
Client represents it has obtained informed consent from patient to perform the services described herein.

Specimen Information

Specimen ID: _____ Block ID: _____
Fixative/Preservative: _____
Collection Date: mm _____ / dd _____ / yyyy _____ Collection Time: _____ ☐ AM ☐ PM
Retrieved Date: mm _____ / dd _____ / yyyy _____
Hospital Discharge Date: mm _____ / dd _____ / yyyy _____
Body Site: _____
☐ Primary ☐ Metastasis – If Metastasis, list Primary: _____
☐ Bone Marrow [must provide CBC and Path Report]:
Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____
☐ Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____
☐ Fresh Tissue (Media Type required): _____
☐ Fluid: CSF _____ Pleural _____ Other _____
☐ FNA cell block: _____
☐ Smears: Air Dried _____ Fixed _____ Stained (type of stain) _____
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Paraffin Block(s) # _____
☐ Choose best block (for global molecular/NGS testing only)
Submit 4-6 blocks. Blocks will be combined for molecular testing when necessary.
For all other testing, specify which block to use for each if sending multiple blocks. See back for details.

Comments: _____

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 RPNA1 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

Cytogenetics

☐ Oncology Chromosome Analysis
☐ Reflex to FISH if cytogenetics is normal (reflex FISH panel must be marked)
☐ Reflex to FISH if cytogenetics is incomplete (<20 metaphases)
☐ G ☐ T MDS Standard FISH
☐ G ☐ T MDS Extended FISH
☐ Follow-up Constitutional Chromosome Analysis (only if recommended by Oncology Chromosome Analysis)
☐ Other: _____
Specimen Hold Option: ☐ Culture and Hold (liquid samples & lymph nodes; n/a for solid tissues)

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 LiL Panel (24 Markers)
☐ ☐ Extended LiL Panel (31 Markers)
☐ N/A ☐ CD4/CD8 Ratio for BAL
☐ ☐ High Sensitivity PNH
☐ ☐ TBB Tissue Panel
☐ ☐ TRBC1/T-Cell Lymphoma Companion

Add-On Tubes
G T
☐ ☐ AML
☐ ☐ B-ALL
☐ ☐ CLL/Mantle Cell Companion
☐ ☐ Erythroid-Mega
☐ ☐ Hairy Cell
☐ ☐ Mast Cell
☐ ☐ Plasma Cell
☐ ☐ T-ALL
☐ ☐ TRBC1/LGL

Follow-Up Panels
G T
☐ ☐ AML
☐ N/A ☐ B-ALL
☐ ☐ Hairy Cell
☐ ☐ Plasma Cell
☐ ☐ T-ALL

MRD Panels
☐ N/A B-ALL MRD Panel (BM)
☐ N/A B-ALL MRD Panel (PB)
☐ N/A CLL MRD Panel
☐ N/A Myeloma (MM) 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 flow lab when abnormal populations are detected. Please refer to NeoGenomics Flow Cytometry Guidelines for additional information on tech-only add-on medical necessity criteria.
Tech-only clients may instruct NeoGenomics to not follow this stated criteria by checking this box. ☐

Molecular Genetics

☐ ABL1 Kinase Domain (Gleevec® resistance)*
☐ B-Cell Gene Rearrangement
☐ BCR-ABL1 Standard p210, p190*
☐ BCR-ABL1 Standard p210, p190* with reflex to ABL1 Kinase Domain if positive
☐ BCR-ABL1 Standard p210, p190* with reflex to BCR-ABL1 Non-Standard p230 if negative
☐ BCR-ABL1 Non-Standard p230*
☐ BRAF Mutation Analysis
☐ BTK Inhibitor Acquired Resistance Panel
☐ Calreticulin (CALR)†
☐ CEBPA Mutation Analysis
☐ CXCR4 Mutation Analysis
☐ FLT3 Mutation Analysis
☐ IDH1/IDH2 by PCR
☐ IgH Clonality by NGS
* Baseline testing of original primary sample required
☐ IgH/t Mutation Analysis*
☐ Inv(16) CBFB-MYH11*
☐ JAK2 V617F - Qualitative*
☐ If negative, reflex to JAK2 Exon 12-13
☐ If negative, reflex to CALR
☐ If negative, reflex to MPL
☐ JAK2 V617F - Quantitative
☐ JAK2 Exon 12-13*
☐ KIT (c-KIT) Mutation Analysis
☐ MPL Mutation Analysis
☐ MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-13, CALR, & MPL†
☐ MYD88 Mutation Analysis
☐ NPM1 Mutation Analysis
☐ NPM1 MRD Analysis
☐ PML - RARA, t(15;17)*
☐ Rapid AML Therapeutic Panel
☐ Molecular only
☐ RUNX1-RUNX1T1 (AML1-ETO), t(8;21)*
☐ T-Cell Receptor Gamma
☐ T-Cell Receptor Beta
☐ TP53 Mutation Analysis
☐ Other _____

Specimen Hold Options: ☐ Extract & Hold - DNA ☐ Extract & Hold - RNA
* Test is RNA-based.
† Test is both DNA- and RNA-based

FISH G - Global T - Tech-Only

HemaFISH® Panels
G T
☐ ☐ Anaplastic Large Cell Lymphoma (ALCL)
☐ ☐ ALL - Adult
☐ ☐ ALL - Pediatric
☐ ☐ ALL Ph-Like
☐ ☐ AML Standard

G T
☐ ☐ AML Favorable-Risk
☐ ☐ AML Non-Favorable Risk
☐ ☐ CLL
☐ ☐ Eosinophilia
☐ ☐ High-Grade/Large B-Cell Lymphoma
☐ Reflex to BCL6/MYC, IGK/MYC, IGL/MYC if MYC+ and IGH/MYC-

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 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)
G T
☐ ☐ Plasma Cell Myeloma IgH Complex
☐ ☐ Plasma Cell Myeloma Prognostic Panel

Individual Probes
G T
☐ ☐ 11q Aberration in NHL
☐ ☐ 1p36 Deletion
☐ ☐ ALK for Lymphoma
☐ ☐ BCL6/MYC t(3;8)
☐ ☐ BIRC3 (API2)/MALT1 t(11;18)
☐ ☐ BCR/ABL1/ASS1 t(9;22)

☐ ☐ CDKN2A (p16) Deletion for ALL
☐ ☐ DUSP22-IRF4 Rearrangement
☐ ☐ IgH/MAF/B t(14;20)
☐ ☐ IGK/MYC t(2;8)
☐ ☐ IGL/MYC t(8;22)
☐ ☐ JAK2 (9p24.1)

☐ ☐ MYC/IgH/CEN8 t(8;14)
☐ ☐ NUP98
☐ ☐ TCL1 (14q32.1)
☐ ☐ TPR3 Rearrangement
☐ ☐ PML/RARA t(15;17)
☐ ☐ Other _____

Specimen Hold Option: ☐ Direct Harvest and Hold ☐ Plasma Cell Enrichment and Hold

NeoTYPE® and Neo Comprehensive™ Cancer Profiles G - Global T - with Tech-Only FISH

G T
☐ ☐ AITL/Peripheral T-Cell Lymphoma
☐ ☐ ALL Profile
☐ N/A AML Prognostic Profile
☐ N/A AML Prognostic Profile + FLT3 by PCR*
☐ ☐ CLL Profile
☐ Add IgH/t Mutation Analysis
☐ N/A Neo Comprehensive – Heme Cancers
☐ N/A Neo Comprehensive – Heme Cancers + FLT3 by PCR*
☐ N/A Neo Comprehensive – Myeloid Disorders
☐ N/A Neo Comprehensive – Myeloid Disorders + FLT3 by PCR*

G T
☐ ☐ Follicular Lymphoma Profile
☐ N/A Lymphoid Disorders Profile
☐ N/A Lymphoma Profile
☐ N/A MDS/CMML Profile
☐ N/A MDS/CMML Profile + FLT3 by PCR*

Specimen Hold Option: ☐ Extract & Hold - TNA (all tests are TNA-based)
*Please see back page for detailed info on Intended Use and Billing for FLT3 by PCR

FlexREPORT®

☐ FlexREPORT: Please add summary report option to this case.

For our complete test menu, please visit neogenomics.com/test-menu

Rev. 052824

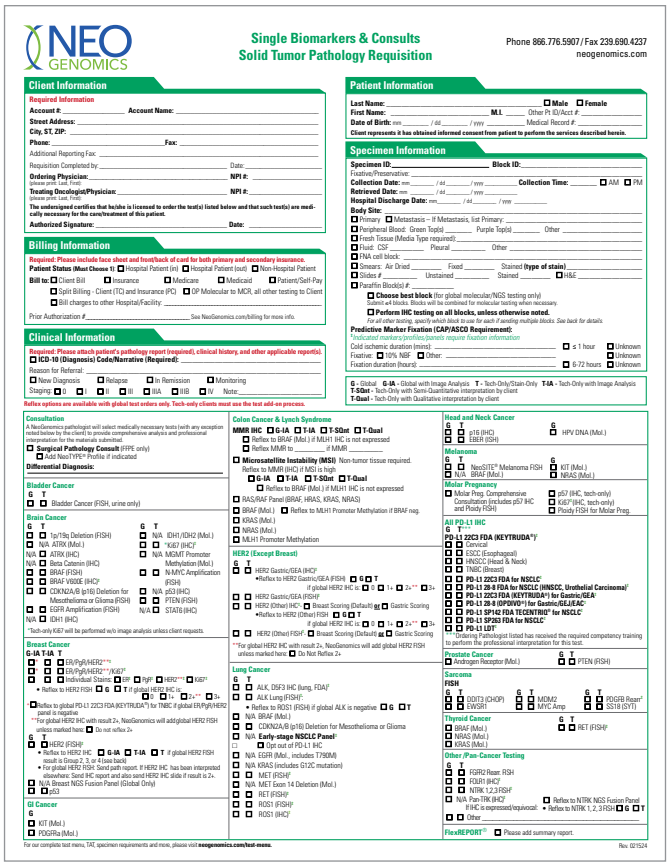
Shipping Instructions

- 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: _____
Additional Reporting Fax: _____
Requisition Completed by: _____ Date: _____
Ordering Physician: _____ NPI #: _____
(please print: Last, First)
Treating Oncologist/Physician: _____ NPI #: _____
(please print: Last, First)
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 card for both primary and secondary insurance.
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) ☐ GP Molecular to MCR, all other testing to Client
☐ Bill changes to other Hospital/Facility _____
Prior Authorization # _____ See NeoGenomics.com/billing 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 (for global molecular/NGS testing only)
Submit all blocks. Blocks will be combined for molecular testing when necessary.
☐ Perform IHC testing on all blocks, unless otherwise noted.
For all other testing, specify which block to use for each if sending multiple blocks. See back for details.
Predictive Marker Fixation (CAP/ASCO Requirement):
Indicated markers/profiles/panels require fixation information
Cold ischemic duration (mins): _____ ☐ ≤ 1 hour ☐ Unknown
Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown
Fixation duration (hours): _____ ☐ 6-72 hours ☐ 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-Qual - Tech-Only with Qualitative 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.
☐ Surgical Pathology Consult (FFPE only)
☐ Add NeoTYPE® Profile if indicated
Differential Diagnosis: _____

Bladder Cancer
G T
☐ ☐ Bladder Cancer (FISH, urine only)

Brain Cancer
G T
☐ ☐ 1p/19q Deletion (FISH)
N/A ☐ ATRX (Mol.)
N/A ☐ Beta Catenin (IHC)
☐ ☐ BRAF (FISH)
☐ ☐ BRAF V600E (IHC)[2]
☐ ☐ CDKN2A/B (p16) Deletion for Mesothelioma or Glioma (FISH)
☐ ☐ EGFR Amplification (FISH)
N/A ☐ IDH1 (IHC)
G T
N/A ☐ IDH1/IDH2 (Mol.)
☐ ☐ *Ki67 (IHC)*
N/A ☐ MGMT Promoter Methylation (Mol.)
☐ ☐ N-MYC Amplification (FISH)
N/A ☐ p53 (IHC)
☐ ☐ PTEN (FISH)
N/A ☐ STAT6 (IHC)
*Tech-only Ki67 will be performed w/o image analysis unless client requests.

Breast Cancer
G-IA T-IA T
☐* ☐ ☐ ER/PgR/HER2**/*§
☐ ☐ ☐ ER/PgR/HER2**/Ki67*
☐ ☐ ☐ Individual Stains: ☐ ER* ☐ PgR* ☐ HER2*** ☐ Ki67*
• Reflex to HER2 FISH ☐ G ☐ T if global HER2 IHC is:
☐ 1+ ☐ 2+** ☐ 3+
*Reflex to global PD-L1 22C3 FDA (KEYTRUDA®) for 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+
G T
☐ ☐ HER2 (FISH)[2]
• Reflex to HER2 IHC ☐ G-IA ☐ T-IA ☐ T if global 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+.
☐ N/A Breast NGS Fusion Panel (Global Only)
☐ ☐ p53

GI Cancer
G
☐ KIT (Mol.)
☐ PDGFRa (Mol.)

Colon Cancer & Lynch Syndrome
MMR IHC ☐ G-IA ☐ T-IA ☐ T-SQnt ☐ T-Qual
☐ Reflex to BRAF (Mol.) if MLH1 IHC is not expressed
☐ Reflex 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-Qual
☐ Reflex to BRAF (Mol.) if MLH1 IHC is not expressed
☐ RAS/RAF Panel (BRAF, HRAS, KRAS, NRAS)
☐ BRAF (Mol.) ☐ Reflex to MLH1 Promoter Methylation if BRAF neg.
☐ KRAS (Mol.)
☐ NRAS (Mol.)
☐ MLH1 Promoter Methylation

HER2 (Except Breast)
G T
☐ ☐ HER2 Gastric/GEA (IHC)[2]
•Reflex to HER2 Gastric/GEA (FISH) ☐ G ☐ T
If global HER2 IHC is: ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ ☐ HER2 Gastric/GEA (FISH)[2]
☐ ☐ HER2 (Other) IHC[2] ☐ Breast Scoring (Default) or ☐ Gastric Scoring
•Reflex to HER2 (Other) FISH ☐ G ☐ T
If global HER2 IHC is: ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ ☐ HER2 (Other) FISH[2] ☐ 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+

Lung Cancer
G T
☐ ☐ ALK, D5F3 IHC (lung, FDA)[2]
☐ ☐ ALK Lung (FISH)[2]
• Reflex to ROS1 (FISH) if global ALK is negative ☐ G ☐ T
☐ N/A BRAF (Mol.)
☐ ☐ CDKN2A/B (p16) Deletion for Mesothelioma or Glioma
☐ N/A **Early-stage NSCLC Panel**[2]
☐ ☐ Opt out of PD-L1 IHC
☐ N/A EGFR (Mol., includes T790M)
☐ N/A KRAS (includes G12C mutation)
☐ ☐ MET (FISH)[2]
☐ N/A MET Exon 14 Deletion (Mol.)
☐ ☐ RET (FISH)[2]
☐ ☐ ROS1 (FISH)[2]
☐ ☐ ROS1 (IHC)[2]

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

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

Molar Pregnancy
☐ Molar Preg. Comprehensive Consultation (includes p57 IHC and Ploidy FISH)
☐ p57 (IHC, tech-only)
☐ Ki67 (IHC, tech-only)
☐ Ploidy FISH for Molar Preg.

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

Prostate Cancer
G T
☐ Androgen Receptor (Mol.)
☐ ☐ PTEN (FISH)

Sarcoma
FISH
G T
☐ ☐ DDIT3 (CHOP)
☐ ☐ EWSR1
G T
☐ ☐ MDM2
☐ ☐ MYC Amp
G T
☐ ☐ PDGFB Rearr.[2]
☐ ☐ SS18 (SYT)

Thyroid Cancer
☐ BRAF (Mol.)
☐ NRAS (Mol.)
☐ KRAS (Mol.)
G T
☐ ☐ RET (FISH)[2]

Other /Pan-Cancer Testing
G T
☐ ☐ FGFR2 Rearr. RSH
☐ ☐ FGFR1 (IHC)[2]
☐ ☐ NTRK 1,2,3 FISH[2]
☐ N/A Pan-TRK (IHC)[2] ☐ Reflex to NTRK NGS Fusion Panel if IHC is expressed/equivocal • Reflex to NTRK 1, 2, 3 FISH ☐ G ☐ T
☐ ☐ Other _____

FlexREPORT® ☐ Please add summary report.

For our complete test menu, TAT, specimen requirements and more, please visit neogenomics.com/test-menu. Rev. 021524

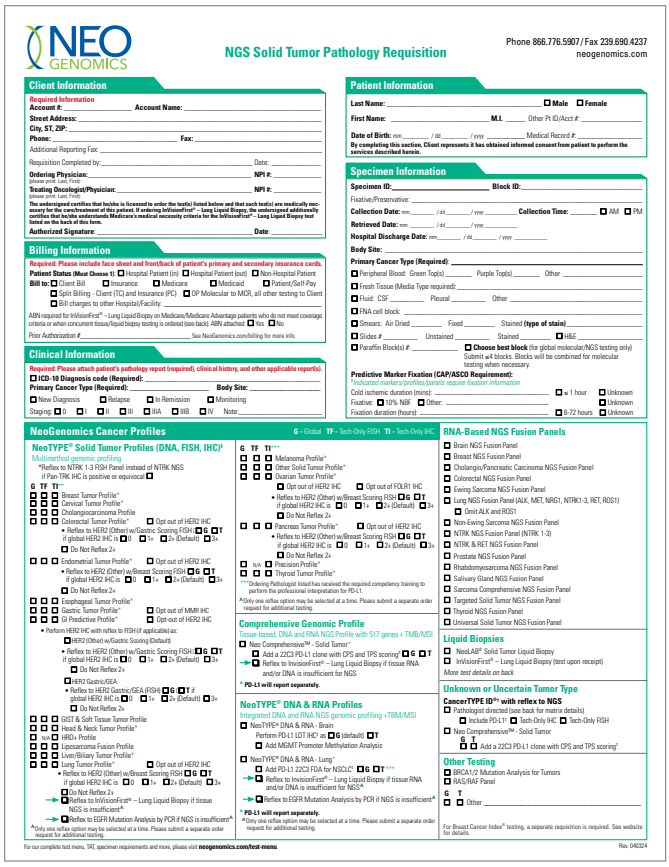
Shipping Instructions

- 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: _____ NPI #: _____
(please print: Last, First)
Treating Oncologist/Physician: _____ NPI #: _____
(please print: Last, First)
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 primary and secondary insurance cards.
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) ☐ DP Molecular to MCR, 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 NeoGenomics.com/billing for more info.

Clinical Information

Required: Please attach patient's pathology report (required), clinical history, and other applicable report(s).
☐ ICD-10 Diagnosis code (Required): _____
Primary Cancer Type (Required): _____ Body Site: _____
☐ 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_____ / yyyy _____ Medical Record #: _____
By completing this section, 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 Cancer Type (Required): _____
☐ 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 (for global molecular/NGS testing only) Submit ≤4 blocks. Blocks will be combined for molecular testing when necessary.
Predictive Marker Fixation (CAP/ASCO Requirement):
*Indicated markers/profiles/panels require fixation information
Cold ischemic duration (mins): _____ ☐ ≤ 1 hour ☐ Unknown
Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown
Fixation duration (hours): _____ ☐ 6-72 hours ☐ Unknown

NeoGenomics Cancer Profiles G - Global TF - Tech-Only FISH TI - Tech-Only IHC

NeoTYPE® Solid Tumor Profiles (DNA, FISH, IHC)‡
Multimethod genomic profiling
*Reflex to NTRK 1-3 RSH Panel instead of NTRK NGS if Pan-TRK IHC is positive or equivocal ☐

G TF TI**
☐☐☐ Breast Tumor Profile*
☐☐☐ Cervical Tumor Profile*
☐☐☐ Cholangiocarcinoma Profile
☐☐☐ Colorectal Tumor Profile* ☐ Opt out of HER2 IHC
• Reflex to HER2 (Other) w/Gastric 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 RSH (if applicable) as:
☐ HER2 (Other) w/Gastric Scoring (Default)
• Reflex to HER2 (Other) w/Gastric Scoring FISH: ☐G ☐T if global HER2 IHC is ☐0 ☐1+ ☐2+ (Default) ☐3+
☐ Do Not Reflex 2+
☐ 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+
☐☐☐ GIST & Soft Tissue Tumor Profile
☐☐☐ Head & Neck Tumor Profile*
☐☐☐ 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+
→ ☐ Reflex to InVisionFirst® – Lung Liquid Biopsy if tissue NGS is insufficient^
→ ☐ Reflex to EGFR Mutation Analysis by PCR if NGS is insufficient^
^Only one reflex option may be selected at a time. Please submit a separate order request for additional testing.

G TF TI**
☐☐☐ Melanoma Profile*
☐☐☐ Other Solid Tumor Profile*
☐☐☐ Ovarian Tumor Profile*
☐ Opt out of HER2 IHC ☐ Opt out of FOLR1 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.
*Only one reflex option may be selected at a time. Please submit a separate order request for additional testing.

Comprehensive Genomic Profile
Tissue-based, DNA and RNA NGS Profile with 517 genes + TMB/MSI
☐ Neo Comprehensive™ - Solid Tumor*
☐ Add a 22C3 PD-L1 clone with CPS and TPS scoring† ☐G ☐T
→ ☐ Reflex to InvisionFirst® – Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS
* PD-L1 will report separately.

NeoTYPE® DNA & RNA Profiles
Integrated DNA and RNA NGS genomic profiling +TBM/MSI
☐ NeoTYPE® DNA & RNA - Brain
Perform PD-L1 LDT IHC as ☐G (default) ☐T
☐ Add MGMT Promoter Methylation Analysis
☐ NeoTYPE® DNA & RNA - Lung*
☐ Add PD-L1 22C3 FDA for NSCLC* ☐G ☐T***
→ ☐ Reflex to InvisionFirst® – Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS^
→ ☐ Reflex to EGFR Mutation Analysis by PCR if NGS is insufficient^
* PD-L1 will report separately.
^Only one reflex option may be selected at a time. Please submit a separate order request for additional testing.

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
☐ Lung NGS Fusion Panel (ALK, MET, NRG1, NTRK1-3, RET, ROS1)
☐ Omit ALK and ROS1
☐ Non-Ewing Sarcoma NGS Fusion Panel
☐ NTRK NGS Fusion Panel (NTRK 1-3)
☐ 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
☐ Thyroid NGS Fusion Panel
☐ Universal Solid Tumor NGS Fusion Panel

Liquid Biopsies
☐ NeoLAB® Solid Tumor Liquid Biopsy
☐ InVisionFirst® – Lung Liquid Biopsy (test upon receipt)
More test details on back

Unknown or Uncertain Tumor Type
CancerTYPE ID™ with reflex to NGS
☐ Pathologist directed (see back for matrix details)
☐ Include PD-L1† ☐ Tech-Only IHC ☐ Tech-Only FISH
☐ Neo Comprehensive™ - Solid Tumor
G T
☐ ☐ Add a 22C3 PD-L1 clone with CPS and TPS scoring†

Other Testing
☐ BRCA1/2 Mutation Analysis for Tumors
☐ RAS/RAF Panel
G T
☐ ☐ Other _____

For Breast Cancer Index® testing, a separate requisition is required. See website for details.

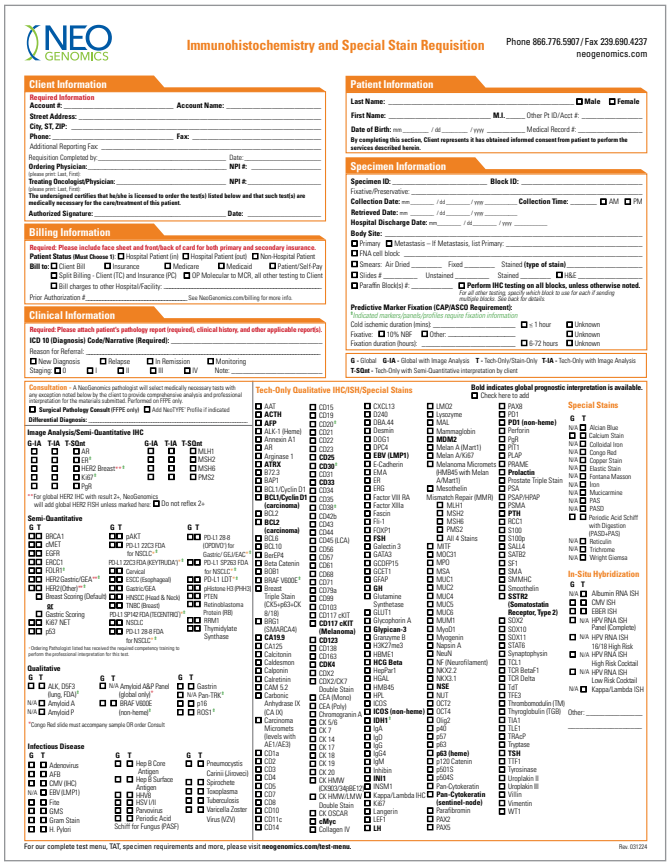
For our complete test menu, TAT, specimen requirements and more, please visit neogenomics.com/test-menu Rev. 040324

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: _____
Additional Reporting Fax: _____
Requisition Completed by: _____ Date: _____
Ordering Physician: _____ NPI #: _____
(please print: Last, First)
Treating Oncologist/Physician: _____ NPI #: _____
(please print: Last, First)
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 card for both primary and secondary insurance.
Patient Status (Must Choose 1): ☐ Client Bill ☐ 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) ☐ GP Molecular to MOR, all other testing to Client
☐ Bill charges to other Hospital/Facility: _____
Prior Authorization # _____ See NeoGenomics.com/billing 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: _____

Patient Information

Last Name: _____ ☐ Male ☐ Female
First Name: _____ M.I. _____ Other Pt ID/Acct #: _____
Date of Birth: mm_____ / dd_____ / yyyy _____ Medical Record #: _____
By completing this section, 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) #: _____ ☐ Perform IHC testing on all blocks, unless otherwise noted.
Let all other testing, specify which block to use for each if sending multiple blocks. See back for details

Predictive Marker Fixation (CAP/ASCO Requirement):
*Indicated markers/panels/profiles require fixation information
Cold ischemic duration (mins): _____ ☐ < 1 hour ☐ Unknown
Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown
Fixation duration (hours): _____ ☐ 6-72 hours ☐ Unknown

G - Global G-IA - Global with Image Analysis T - Tech-Only/Stain-Only T-IA - Tech-Only with Image Analysis
T-SGnt - 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 (FFPE only) ☐ Add NeoTYPE Profile if indicated
Differential Diagnosis: _____

Image Analysis/Semi-Quantitative IHC

G-IA	T-IA	T-SGnt		G-IA	T-IA	T-SGnt	
☐	☐	☐	AR	☐	☐	☐	MLH1
☐	☐	☐	ER*	☐	☐	☐	MSH2
☐	☐	☐	HER2 Breast**,†	☐	☐	☐	MSH6
☐	☐	☐	Ki67†	☐	☐	☐	PMS2
☐	☐	☐	PgR				

**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: ☐ Do not reflex 2+

Semi-Quantitative

G	T		G	T		G	T	
☐	☐	BRCA1	☐	☐	pAKT	☐	☐	PD-L1 28-8 (OPDIVO) for Gastric/GEJ/EAC*,†
☐	☐	cMET	☐	☐	PD-L1 22C3 FDA for NSCLC*,†			
☐	☐	EGFR						
☐	☐	ERCC1			PD-L1 22C3 FDA (KEYTRUDA)*,†	☐	☐	PD-1 SP263 FDA for NSCLC*,†
☐	☐	FOLR1†	☐	☐	Cervical			
☐	☐	HER2 Gastric/GEA**,†	☐	☐	ESCC (Esophageal)	☐	☐	PD-L1 LDT*,†
☐	☐	HER2 (Other)**,†	☐	☐	Gastric/GEA	☐	☐	pHistone H3 (PHH3)
	☐	Breast Scoring (Default)	☐	☐	HNSCC (Head & Neck)	☐	☐	PTEN
		or	☐	☐	TNBC (Breast)	☐	☐	Retinoblastoma Protein (RB)
	☐	Gastric Scoring			PD-L1 SP142 FDA (TECENTRIQ)*,†	☐	☐	RRM1
☐	☐	Ki67 NET	☐	☐	NSCLC	☐	☐	Thymidylate Synthase
☐	☐	p53	☐	☐	PD-L1 28-8 FDA for NSCLC*,†			

*Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test.

Qualitative

G	T		G	T		G	T	
☐	☐	ALK, D5F3 (lung, FDA)†	☐	☐	N/A Amyloid A&P Panel (global only)†	☐	☐	Gastrin
N/A	☐	Amyloid A	☐	☐	BRAF V600E (non-heme)†	N/A	☐	Pan-TRK†
N/A	☐	Amyloid P				☐	☐	p16
						☐	☐	ROS1†

*Congo Red slide must accompany sample OR order Consult.

Infectious Disease

G	T		G	T		G	T	
☐	☐	Adenovirus	☐	☐	Hep B Core Antigen	☐	☐	Pneumocystis Carinii (Linnaeus)
☐	☐	AFB	☐	☐	Hep B Surface Antigen	☐	☐	Spirochete
☐	☐	CMV (IHC)	☐	☐	HHV8	☐	☐	Toxoplasma
N/A	☐	CMV (LMP1)	☐	☐	HSV I/II	☐	☐	Tuberculosis
☐	☐	Flex	☐	☐	Parvovirus	☐	☐	Varicella Zoster Virus (VZV)
☐	☐	GMS	☐	☐	Periodic Acid Schiff for Fungus (PASF)			
☐	☐	Gram Stain						
☐	☐	H. Pylori						

Tech-Only Qualitative IHC/ISH/Special Stains

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

☐	AAT	☐	CD15	☐	CXCL13	☐	LMO2	☐	PAX8
☐	**ACTH**	☐	CD19	☐	D240	☐	Lysozyme	☐	PD1
☐	**AFP**	☐	CD20†	☐	DBA.44	☐	MAL	☐	**PD1 (non-heme)**
☐	ALK-1 (Heme)	☐	CD21	☐	Desmin	☐	Mammaglobin	☐	Perforin
☐	Annexin A1	☐	CD22	☐	DOG1	☐	**MDM2**	☐	PgR
☐	AR	☐	CD23	☐	EPCA	☐	Melan A (Mart1)	☐	PTI
☐	Arginase 1	☐	CD25	☐	**EBV (LMP1)**	☐	Melan A/Ki67	☐	PLAP
☐	**ATRX**	☐	**CD30**†	☐	E-Cadherin	☐	Melanoma Micromets (HMB45 with Melan A/Mart1)	☐	PRAME
☐	B72.3	☐	CD31	☐	EMA	☐	**Prolactin**	☐	
☐	BAP1	☐	**CD33**	☐	ER	☐	Prostate Triple Stain	☐	
☐	BCL1/Cyclin D1	☐	CD34	☐	ERG	☐	PSA	☐	
☐	**BCL1/Cyclin D1 (carcinoma)**	☐	CD35	☐	Factor VIII RA	☐	PSAP/HPAP	☐	
☐	BCL2	☐	CD38†	☐	Factor XIIIa	☐	PSMA	☐	
☐	**BCL2 (carcinoma)**	☐	CD42b	☐	Fascin	☐	**PTH**	☐	
☐	BCL6	☐	CD43	☐	Fli-1	☐	RCC1	☐	
☐	BCL10	☐	CD44	☐	FOXP1	☐	S100	☐	
☐	Bed/Ep4	☐	CD45 (LCA)	☐	**FSH**	☐	S100p	☐	
☐	Beta Catenin	☐	CD56	☐	Galectin 3	☐	SALL4	☐	
☐	BOB1	☐	CD57	☐	GATA3	☐	SATB2	☐	
☐	BRAF V600E†	☐	CD61	☐	GCDFP15	☐	SF1	☐	
☐	Breast Triple Stain (CK5+p63+CK 8/18)	☐	CD68	☐	GCET1	☐	SMA	☐	
☐	BRG1 (SMARCA4)	☐	CD71	☐	GFAP	☐	SMMHC	☐	
☐	**CA19.9**	☐	CD79a	☐	**GH**	☐	Smoothelin	☐	
☐	CA125	☐	CD99	☐	Glutamine Synthetase	☐	**SSTR2 (Somatostatin Receptor, Type 2)**	☐	
☐	Calcitonin	☐	CD103	☐	GLUT1	☐	SOX2†	☐	
☐	Caldesmon	☐	CD117 cKIT (Melanoma)	☐	Glycophorin A	☐	SOX10	☐	
☐	Calponin	☐	**CD123**	☐	**Glypican-3**	☐	SOX11	☐	
☐	Calretinin	☐	CD138	☐	Granzyme B	☐	STAT6	☐	
☐	CAM 5.2	☐	CD163	☐	H3K27me3	☐	Synaptophysin	☐	
☐	Carbonic Anhydrase IX (CA IX)	☐	**CDK4**	☐	HBME1	☐	TDL1	☐	
☐	Carcinoma Micromets (levels with AE1/AE3)	☐	CDX2	☐	**HCG Beta**	☐	TCR BetaF1	☐	
☐	CD1a	☐	CDX2/CK7 Double Stain	☐	HepPar1	☐	TCR Delta	☐	
☐	CD2	☐	CEA (Mono)	☐	HGAL	☐	TdT	☐	
☐	CD3	☐	CEA (Poly)	☐	HMB45	☐	TFE3	☐	
☐	CD4	☐	Chromogranin A	☐	HPL	☐	Thrombomodulin (TM)	☐	
☐	CD5	☐	CK 5/6	☐	HSP	☐	Thyroglobulin (TGB)	☐	
☐	CD7	☐	CK 7	☐	**ICOS (non-heme)**	☐	TIA1	☐	
☐	CD8	☐	CK 14	☐	**IDH1**†	☐	TLE1	☐	
☐	CD10	☐	CK 17	☐	IgA	☐	TRAcP	☐	
☐	CD11c	☐	CK 18	☐	IgD	☐	Tryptase	☐	
☐	CD14	☐	CK 19	☐	IgG	☐	**TSH**	☐	
☐	CD15	☐	CK 20	☐	IgG4	☐	TTF1	☐	
☐	CD19	☐	CK HMW (CK903/34βE12) Double Stain	☐	IgM	☐	Tyrosinase	☐	
☐	CD20†	☐	CK HMW/LMW Double Stain	☐	Inhibin	☐	Uroplakin II	☐	
☐	CD21	☐	CK OSCAR	☐	**INI1**	☐	Uroplakin III	☐	
☐	CD22	☐	**cMye**	☐	INSM1	☐	Villin	☐	
☐	CD23	☐	Collagen IV	☐	Kappa/Lambda ISH	☐	Vimentin	☐	
☐	CD25	☐	CXCL13	☐	Ki67	☐	WT1	☐	
☐	**CD30**†	☐	D240	☐	Langerin	☐	**Pan-Cytokeratin (sentinel-node)**	☐	
☐	CD31	☐	DBA.44	☐	LEF1	☐	Parafibromin	☐	
☐	**CD33**	☐	Desmin	☐	**LH**	☐	PAX2	☐	
☐	CD34	☐	DOG1				PAX5		

Special Stains

G	T		G	T	
N/A	☐	Alcian Blue	N/A	☐	Mucicarmine
☐	☐	Calcium Stain	N/A	☐	PAS
N/A	☐	Colloidal Iron	N/A	☐	PASD
N/A	☐	Congo Red	☐	☐	Periodic Acid Schiff with Digestion (PASD+PAS)
N/A	☐	Copper Stain	N/A	☐	Reticulin
N/A	☐	Elastic Stain	N/A	☐	Trichrome
N/A	☐	Fontana Masson	N/A	☐	Wright Giemsa
N/A	☐	Iron			

In-Situ Hybridization

G	T		G	T	
N/A	☐	Albumin RNA ISH	☐	☐	HPV RNA ISH Panel (Complete)
☐	☐	CMV ISH	N/A	☐	HPV RNA ISH 16/18 High Risk
☐	☐	EBER ISH	N/A	☐	HPV RNA ISH High Risk Cocktail
N/A	☐	HPV RNA ISH Low Risk Cocktail	N/A	☐	Kappa/Lambda ISH

Other: _____

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

Rev. 031224

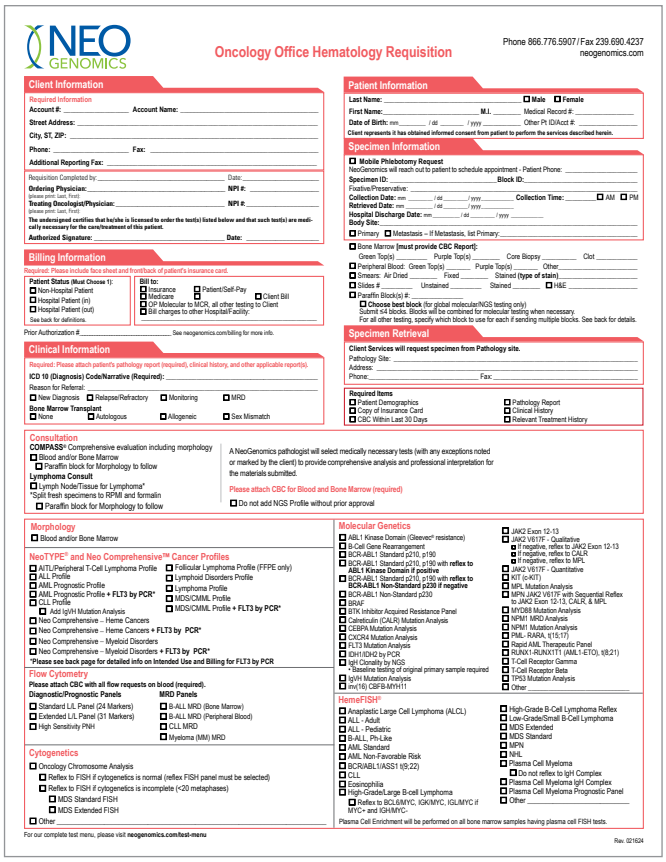
Shipping Instructions

- 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: _____

Additional Reporting Fax: _____

Requisition Completed by: _____ Date: _____

Ordering Physician: _____ NPI #: _____
(please print: Last, First)

Treating Oncologist/Physician: _____ NPI #: _____
(please print: Last, First)

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
- Client Bill
- IVP Molecular to MCR, all other testing to Client
- Bill charges to other Hospital/Facility: _____

Prior Authorization #: _____ See neogenomics.com/billing 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. _____ Medical Record #: _____

Date of Birth: mm _____ / dd _____ / yyyy _____ Other Pt ID/Acct #: _____

Client represents it has obtained informed consent from patient to perform the services described herein.

Specimen Information

Mobile Phlebotomy Request
NeoGenomics will reach out to patient to schedule appointment - Patient Phone: _____

Specimen ID: _____ Block ID: _____

Fixative/Preservative: _____

Collection Date: mm _____ / dd _____ / yyyy _____ Collection Time: _____ AM PM

Retrieved Date: mm _____ / dd _____ / yyyy _____

Hospital Discharge Date: mm _____ / dd _____ / yyyy _____

Body Site: _____

Primary Metastasis – If Metastasis, list Primary: _____

Bone Marrow [must provide CBC 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 _____ H&E _____

Paraffin Block(s) #: _____
Choose best block (for global molecular/NGS testing only)
Submit ≤4 blocks. Blocks will be combined for molecular testing when necessary.
For all other testing, specify which block to use for each if sending multiple blocks. See back for details.

Specimen Retrieval

Client Services will request specimen from Pathology site.

Pathology Site: _____

Address: _____

Phone: _____ Fax: _____

Required Items
- Patient Demographics
- Copy of Insurance Card
- CBC Within Last 30 Days
- Pathology Report
- Clinical History
- 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

NeoTYPE® and Neo Comprehensive™ Cancer Profiles
- AITL/Peripheral T-Cell Lymphoma Profile
- ALL Profile
- AML Prognostic Profile
- AML Prognostic Profile + FLT3 by PCR*
- CLL Profile
  - Add IgH/H Mutation Analysis
- Neo Comprehensive – Heme Cancers
- Neo Comprehensive – Heme Cancers + FLT3 by PCR*
- Neo Comprehensive – Myeloid Disorders
- Neo Comprehensive – Myeloid Disorders + FLT3 by PCR*
- Follicular Lymphoma Profile (FFPE only)
- Lymphoid Disorders Profile
- Lymphoma Profile
- MDS/CMML Profile
- MDS/CMML Profile + FLT3 by PCR*

*Please see back page for detailed info on Intended Use and Billing for FLT3 by PCR

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)
- High Sensitivity PNH

MRD Panels
- B-ALL MRD (Bone Marrow)
- B-ALL MRD (Peripheral Blood)
- 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 cytogenetics is incomplete (<20 metaphases)
    - MDS Standard FISH
    - MDS Extended FISH
- Other _____

Molecular Genetics
- ABL1 Kinase Domain (Gleevec® resistance)
- B-Cell Gene Rearrangement
- BCR-ABL1 Standard p210, p190
- BCR-ABL1 Standard p210, p190 with reflex to ABL1 Kinase Domain if positive
- BCR-ABL1 Standard p210, p190 with reflex to BCR-ABL1 Non-Standard p230 if negative
- BCR-ABL1 Non-Standard p230
- BRAF
- BTK Inhibitor Acquired Resistance Panel
- Calreticulin (CALR) Mutation Analysis
- CEBPA Mutation Analysis
- CXCR4 Mutation Analysis
- FLT3 Mutation Analysis
- IDH1/IDH2 by PCR
- IgH Clonality by NGS
  - Baseline testing of original primary sample required
- IgVH Mutation 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)
- MPL Mutation Analysis
- MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-13, CALR, & MPL
- MYD88 Mutation Analysis
- NPM1 MRD Analysis
- NPM1 Mutation Analysis
- PML - RARA, t(15;17)
- Rapid AML Therapeutic Panel
- RUNX1-RUNX1T1 (AML1-ETO), t(8;21)
- T-Cell Receptor Gamma
- T-Cell Receptor Beta
- TP53 Mutation Analysis
- Other _____

HemeFISH®
- Anaplastic Large Cell Lymphoma (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
  - Reflex to BCL6/MYC, IGK/MYC, IGL/MYC if MYC+ and IGH/MYC-
- 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 _____

Plasma Cell Enrichment will be performed on all bone marrow samples having plasma cell FISH tests.

For our complete test menu, please visit neogenomics.com/test-menu

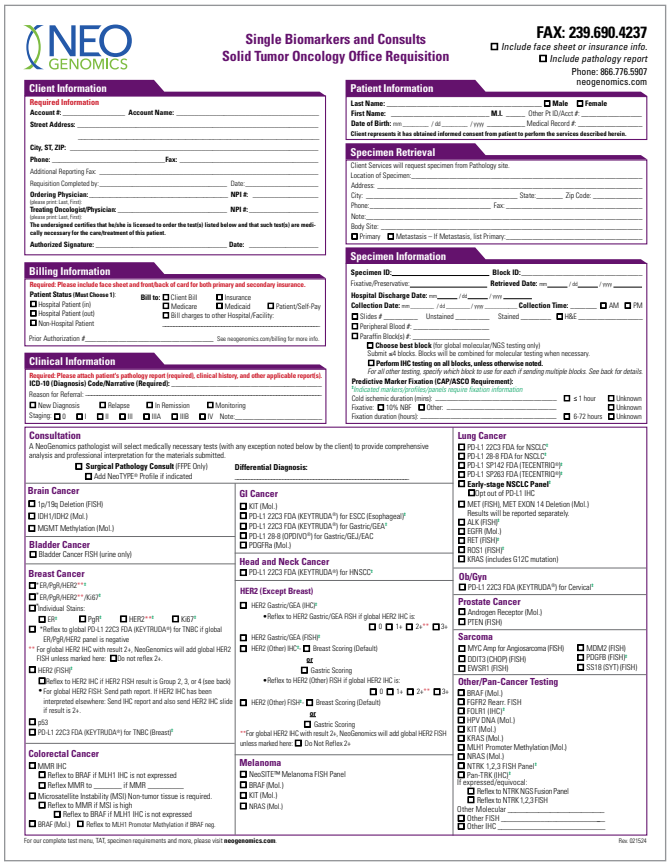
Rev. 021624

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: _____
Additional Reporting Fax: _____
Requisition Completed by: _____ Date: _____
Ordering Physician: _____ NPI #: _____
(please print: Last, First)
Treating Oncologist/Physician: _____ NPI #: _____
(please print: Last, First)
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 card for both primary and secondary insurance.
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 neogenomics.com/billing 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_____ / 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 _____
☐ Peripheral Blood #: _____
☐ Paraffin Block(s) #: _____
☐ **Choose best block** (for global molecular/NGS testing only)
Submit ≥4 blocks. Blocks will be combined for molecular testing when necessary.
☐ **Perform IHC testing on all blocks, unless otherwise noted.**
For all other testing, specify which block to use for each if sending multiple blocks. See back for details.
Predictive Marker Fixation (CAP/ASCO Requirement):
**Indicated markers/profiles/panels require fixation information*
Cold ischemic duration (mins): _____ ☐ ≤ 1 hour ☐ Unknown
Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown
Fixation duration (hours): _____ ☐ 6-72 hours ☐ 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)

Breast Cancer
☐ ER/PgR/HER2**,†,‡
☐ ER/PgR/HER2**,‡/Ki67‡
☐ Individual Stains:
☐ ER‡ ☐ PgR‡ ☐ HER2**,‡ ☐ Ki67‡
☐ *Reflex to global PD-L1 22C3 FDA (KEYTRUDA®) for 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+.
☐ p53
☐ PD-L1 22C3 FDA (KEYTRUDA®) for TNBC (Breast)‡

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
☐ BRAF (Mol.) ☐ Reflex to MLH1 Promoter Methylation if BRAF neg.

GI Cancer
☐ KIT (Mol.)
☐ PD-L1 22C3 FDA (KEYTRUDA®) for ESCC (Esophageal)‡
☐ PD-L1 22C3 FDA (KEYTRUDA®) for Gastric/GEA‡
☐ PD-L1 28-8 (OPDIVO®) for Gastric/GEJ/EAC
☐ PDGFRa (Mol.)

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+

Melanoma
☐ NeoSITE™ Melanoma FISH Panel
☐ BRAF (Mol.)
☐ KIT (Mol.)
☐ NRAS (Mol.)

Lung Cancer
☐ PD-L1 22C3 FDA for NSCLC‡
☐ PD-L1 28-8 FDA for NSCLC‡
☐ PD-L1 SP142 FDA (TECENTRIQ®)‡
☐ PD-L1 SP263 FDA (TECENTRIQ®)‡
☐ **Early-stage NSCLC Panel**‡
☐ Opt out of PD-L1 IHC
☐ 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 (Mol.)
☐ PTEN (FISH)

Sarcoma
☐ MYC Amp for Angiosarcoma (FISH)
☐ DDIT3 (CHOP) (FISH)
☐ SWSNF1 (FISH)
☐ MDM2 (FISH)‡
☐ PDGFB (FISH)‡
☐ SS18 (SYT) (FISH)

Other/Pan-Cancer Testing
☐ BRAF (Mol.)
☐ FGFR2 Rearr. FISH
☐ IDILR1 (IHC)‡
☐ HPV DNA (Mol.)
☐ KIT (Mol.)
☐ KRAS (Mol.)
☐ MLH1 Promoter Methylation (Mol.)
☐ NRAS (Mol.)
☐ 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 _____

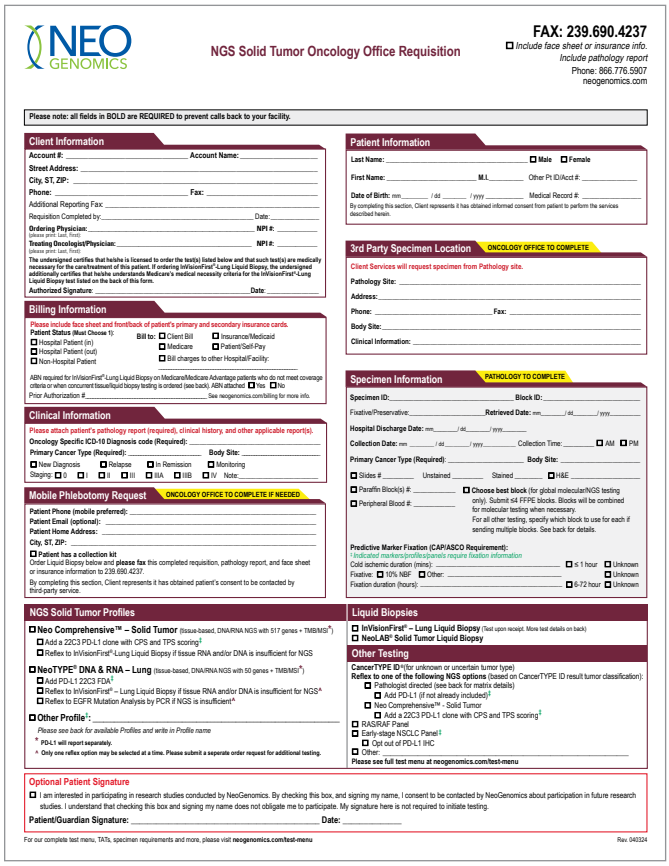
For our complete test menu, TAT, specimen requirements and more, please visit **neogenomics.com**. Rev. 021524

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

Please note: all fields in BOLD are REQUIRED to prevent calls back to your facility.

Client Information
Account #: _____ **Account Name:** _____
Street Address: _____
City, ST, ZIP: _____
Phone: _____ **Fax:** _____
Additional Reporting Fax: _____
Requisition Completed by: _____ Date: _____
Ordering Physician: _____ **NPI #:** _____
(please print: Last, First)
Treating Oncologist/Physician: _____ **NPI #:** _____
(please print: Last, First)
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
Please include face sheet and front/back of patient's primary and secondary insurance cards.
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 neogenomics.com/billing for more info.

Clinical Information
Please attach patient's pathology report (required), clinical history, and other applicable report(s).
Oncology Specific ICD-10 Diagnosis code (Required): _____
Primary Cancer Type (Required): _____ **Body Site:** _____
☐ New Diagnosis ☐ Relapse ☐ In Remission ☐ Monitoring
Staging: ☐ 0 ☐ I ☐ II ☐ III ☐ IIIA ☐ IIIB ☐ IV Note: _____

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

Patient Information
Last Name: _____ ☐ **Male** ☐ **Female**
First Name: _____ **M.I.** _____ Other Pt ID/Acct #: _____
Date of Birth: mm_____ / dd _____ / yyyy _____ Medical Record #: _____
By completing this section, Client represents it has obtained informed consent from patient to perform the services described herein.

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

Specimen Information PATHOLOGY TO COMPLETE
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 Cancer Type (Required): _____ **Body Site:** _____
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Paraffin Block(s) #: _____ ☐ Peripheral Blood #: _____
☐ **Choose best block** (for global molecular/NGS testing only). Submit ≤4 FFPE blocks. Blocks will be combined for molecular testing when necessary.
For all other testing, specify which block to use for each if sending multiple blocks. See back for details.
Predictive Marker Fixation (CAP/ASCO Requirement):
† Indicated markers/profiles/panels require fixative information
Cold ischemic duration (mins): _____ ☐ ≤ 1 hour ☐ Unknown
Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown
Fixation duration (hours): _____ ☐ 6-72 hour ☐ Unknown

NGS Solid Tumor Profiles
☐ **Neo Comprehensive™ – Solid Tumor** (tissue-based, DNA/RNA NGS with 517 genes + TMB/MSI^)
☐ Add a 22C3 PD-L1 clone with CPS and TPS scoring†
☐ Reflex to InVisionFirst®-Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS
☐ **NeoTYPE® DNA & RNA – Lung** (tissue-based, DNA/RNA NGS with 50 genes + TMB/MSI^)
☐ Add PD-L1 22C3 FDA†
☐ Reflex to InVisionFirst® – Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS^
☐ Reflex to EGFR Mutation Analysis by PCR if NGS is insufficient^
☐ **Other Profile†:** _____
Please see back for available Profiles and write in Profile name
† **PD-L1 will report separately.**
^ **Only one reflex option may be selected at a time. Please submit a separate order request for additional testing.**

Liquid Biopsies
☐ **InVisionFirst® – Lung Liquid Biopsy** (Test upon receipt. More test details on back)
☐ **NeoLAB® Solid Tumor Liquid Biopsy**

Other Testing
CancerTYPE ID ‡(for unknown or uncertain tumor type)
Reflex to one of the following NGS options (based on CancerTYPE ID result tumor classification):
☐ Pathologist directed (see back for matrix details)
☐ Add PD-L1 (if not already included)†
☐ Neo Comprehensive™ - Solid Tumor
☐ Add a 22C3 PD-L1 clone with CPS and TPS scoring†
☐ RAS/RAF Panel
☐ Early-stage NSCLC Panel‡
☐ Opt out of PD-L1 IHC
☐ Other: _____
Please see full test menu at neogenomics.com/test-menu

Optional Patient Signature
☐ I am interested in participating in research studies conducted by NeoGenomics. By checking this box, and signing my name, I consent to be contacted by NeoGenomics about participation in future research studies. I understand that checking this box and signing my name does not obligate me to participate. My signature here is not required to initiate testing.
Patient/Guardian Signature: _____ **Date:** _____

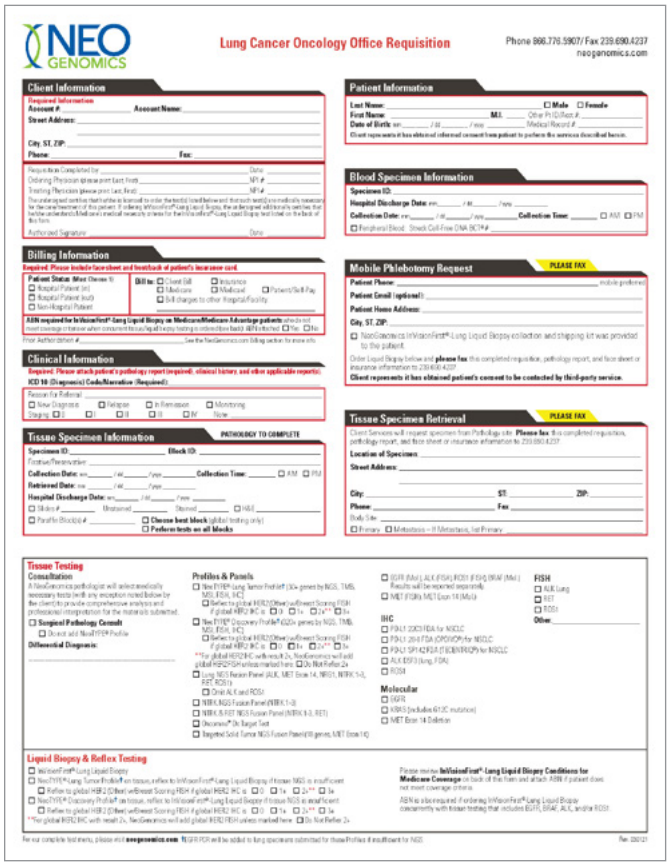
For our complete test menu, TATs, specimen requirements and more, please visit **neogenomics.com/test-menu** Rev. 040324

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

Patient Information

Billing Information

Blood Specimen Information

Clinical Information

Mobile Phlebotomy Request

Tissue Specimen Information

Tissue Specimen Retrieval

Tissue Testing

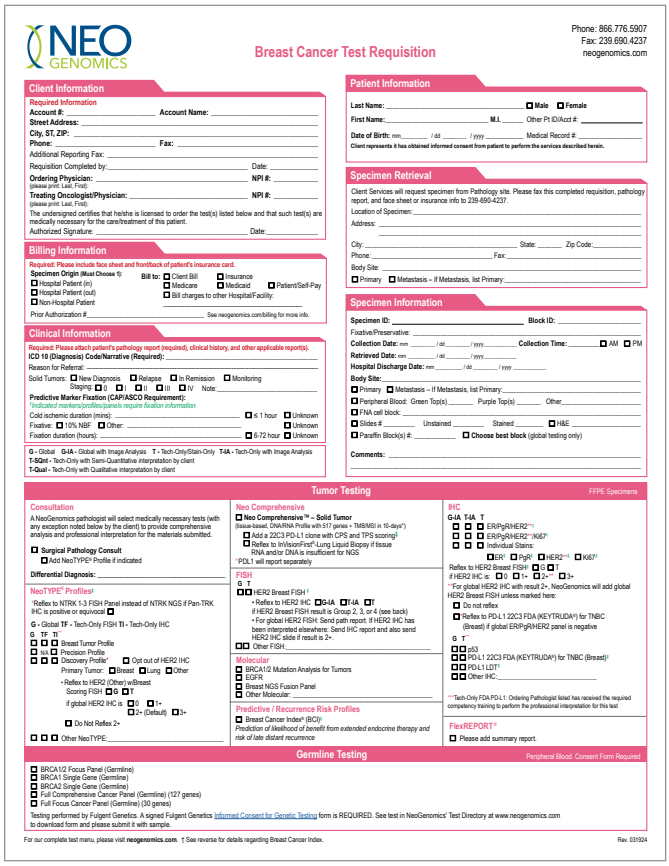
Liquid Biopsy & Reflex Testing

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: _____
Additional Reporting Fax: _____
Requisition Completed by: _____ Date: _____
Ordering Physician: _____ NPI #: _____
(please print: Last, First):
Treating Oncologist/Physician: _____ NPI #: _____
(please print: Last, First):
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 neogenomics.com/billing 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: _____
Solid Tumors: ☐ New Diagnosis ☐ Relapse ☐ In Remission ☐ Monitoring
Staging: ☐ 0 ☐ I ☐ II ☐ III ☐ IV Note: _____
Predictive Marker Fixation (CAP/ASCO Requirement):
Indicated markers/profiles/panels require fixation information
Cold ischemic duration (mins): _____ ☐ ≤ 1 hour ☐ Unknown
Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown
Fixation duration (hours): _____ ☐ 6-72 hour ☐ 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-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 239-690-4237.
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)
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® 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*
☐ ☐ ☐ Breast Tumor Profile
☐ n/a ☐ Precision Profile
☐ ☐ ☐ 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+
☐ ☐ ☐ Other NeoTYPE: _____

Neo Comprehensive
☐ **Neo Comprehensive™ – Solid Tumor**
(tissue-based, DNA/RNA Profile with 517 genes + TMB/MSI in 10-days*)
☐ Add a 22C3 PD-L1 clone with CPS and TPS scoring‡
☐ Reflex to InVisionFirst® Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS
*PDL1 will report separately

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
☐ Breast NGS Fusion Panel
☐ Other Molecular: _____

Predictive / Recurrence Risk Profiles
☐ Breast Cancer Index® (BCI)‡
Prediction of likelihood of benefit from extended endocrine therapy and risk of late distant recurrence

IHC
G-IA T-IA T
☐ ☐ ☐ ER/PgR/HER2**‡‡
☐ ☐ ☐ ER/PgR/HER2**/Ki67‡
☐ ☐ ☐ Individual Stains:
☐ ER ☐ PgR ☐ HER2**‡‡ ☐ Ki67‡
Reflex to HER2 Breast FISH† ☐ G ☐ T if HER2 IHC is: ☐ 0 ☐ 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 PD-L1 22C3 FDA (KEYTRUDA®) for TNBC (Breast) if global ER/PgR/HER2 panel is negative
G T**
☐ ☐ p53
☐ ☐ PD-L1 22C3 FDA (KEYTRUDA®) for TNBC (Breast)‡
☐ ☐ PD-L1 LDT‡
☐ ☐ Other IHC: _____
**Tech-Only FDA PD-L1: Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test

FlexREPORT®
☐ Please add summary report.

Germline Testing — Peripheral Blood. Consent Form Required

☐ BRCA1/2 Focus Panel (Germline)
☐ BRCA1 Single Gene (Germline)
☐ BRCA2 Single Gene (Germline)
☐ Full Comprehensive Cancer Panel (Germline) (127 genes)
☐ Full Focus Cancer Panel (Germline) (30 genes)
Testing performed by Fulgent Genetics. 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.

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

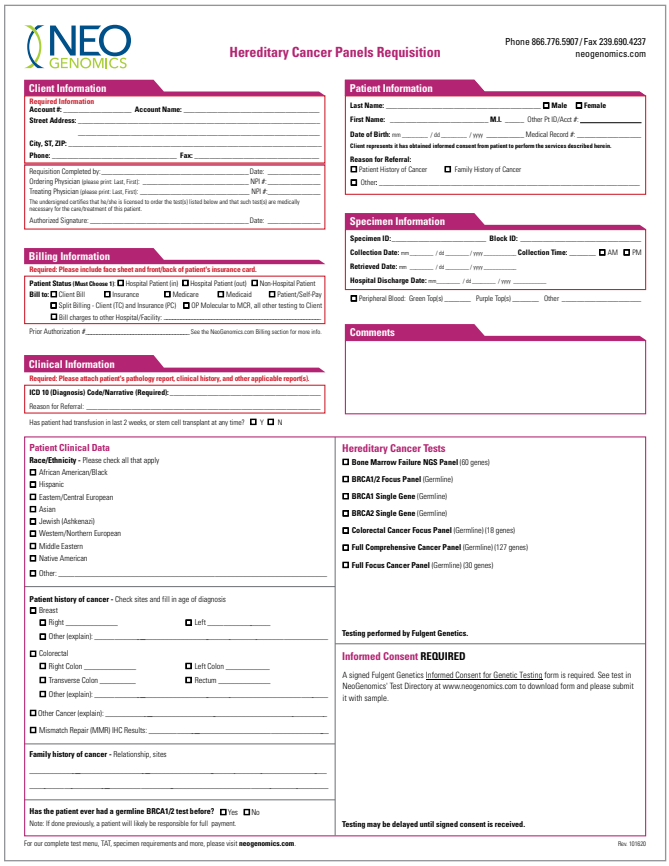
Rev. 031924

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) ☐ DP 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, 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 _____ / yyy _____ 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 _____ / yyy _____ **Collection Time:** _____ ☐ AM ☐ PM
Retrieved Date: mm _____ / dd _____ / yyy _____
Hospital Discharge Date: mm _____ / dd _____ / yyy _____

☐ 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.

9490 NeoGenomics Way
Fort Myers, FL 33912
Phone: 866.776.5907 | Fax: 239.690.4237
neogenomics.com