

Client Information

Required Information
Account #: _____ **Account Name:** _____
Street Address: _____
City, ST, ZIP: _____
Phone: _____ **Fax:** _____

Requisition Completed by: _____ Date: _____
 Ordering Physician (please print: Last, First): _____ NPI #: _____
 Treating Physician (please print: Last, First): _____ NPI #: _____

The undersigned certifies that he/she is licensed to order the test(s) listed below and that such test(s) are medically necessary for the care/treatment of this patient.
Authorized Signature: _____ **Date:** _____

Billing Information

Required: Please include face sheet and front/back of patient's insurance card.

Patient Status (Must Choose 1): Hospital Patient (in) Hospital Patient (out) Non-Hospital Patient
Bill to: Client Bill Insurance Medicare Medicaid Patient/Self-Pay
 Split Billing - Client (TC) and Insurance (PC) OP Molecular to MCR, all other testing to Client
 Bill charges to other Hospital/Facility: _____

Prior Authorization # _____ See the NeoGenomics.com Billing section for more info.

Clinical Information

Required: Please attach patient's pathology report (required), clinical history, and other applicable report(s).
 ICD-10 (Diagnosis) Code/Narrative (Required): _____

Reason for Referral: _____
 New Diagnosis Relapse In Remission Monitoring
 Staging: 0 I II III IIIA IIIB IV Note: _____

Reflex options are available with global test orders only. Tech-only clients must use the test add-on process.

Patient Information

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

Specimen Information

Specimen ID: _____ **Block ID:** _____
 Fixative/Preservative: _____
Collection Date: mm _____ / dd _____ / yyyy _____ **Collection Time:** _____ AM PM
Retrieved Date: mm _____ / dd _____ / yyyy _____
Hospital Discharge Date: mm _____ / dd _____ / yyyy _____
Body Site: _____
 Primary Metastasis – If Metastasis, list Primary: _____
 Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____
 Fresh Tissue (Media Type required): _____
 Fluid: CSF _____ Pleural _____ Other _____
 FNA cell block: _____
 Smears: Air Dried _____ Fixed _____ Stained (**type of stain**) _____
 Slides # _____ Unstained _____ Stained _____ H&E _____
 Paraffin Block(s) #: _____ **Choose best block** (global testing only)
 Perform tests on all blocks

Breast Marker & GI HER2 Fixation (CAP/ASCO Requirement for Breast and Non-Breast)
 Cold ischemic time ≤ 1 hour: Yes No Unknown
 10% neutral buffered formalin: Yes No Unknown
 HER2/ER/PgR Fixation duration 6 to 72 hours: Yes No Unknown

G - Global **G-IA** - Global with Image Analysis **T** - Tech-Only/Stain-Only **T-IA** - Tech-Only with Image Analysis
T-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
 Add NeoTYPE® Profile if indicated
Differential Diagnosis: _____

NeoTYPE® Cancer Profiles
TF - Tech-Only FISH **TI** - Tech-Only PD-L1 **G** - Global
G T TF TI
 Brain Tumor Profile
 Breast Tumor Profile
 Cervical Tumor Profile
 Colorectal Tumor Profile
 Discovery Profile*
 Endometrial Tumor Profile
 Esophageal Tumor Profile
 Gastric Tumor Profile
 GI Predictive Profile
 GIST & Soft Tissue Tumor Profile
 Head & Neck Tumor Profile
 N/A N/A HRD+ Profile
 Liposarcoma Fusion Profile
 Liver/Biliary Tumor Profile
 Lung Tumor Profile*
 Melanoma Profile
 Other Solid Tumor Profile
 Ovarian Tumor Profile
 Pancreas Tumor Profile
 Precision Profile*
 Thyroid Tumor Profile

***Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test.
 *EGFR PCR will be added to lung specimens submitted for these Profiles if insufficient for NGS.

Liquid Biopsy
 InVisionFirst®-Lung
 NeoLAB® Solid Tumor Liquid Biopsy
 PIK3CA Mutation CDx-Plasma: Call Client Services.

Unknown or Uncertain Tumor Type
 CancerTYPE ID® with reflex to NeoTYPE Cancer Profile based on CancerTYPE ID result
 Tumor classification followed by targeted biomarkers NeoTYPE is global unless marked:
 Tech-Only FISH Tech-Only PD-L1***

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

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

Breast Cancer
G-IA T-IA T
 ER/PgR/HER2**
 ER/PgR/HER2**/Ki67
 ER/PgR/HER2**/Ki67/p53
 Individual Stains:
 ER PgR HER2** Ki67 p53
 • Reflex to HER2 FISH **G** **G-IA** **T-IA** **T** if global HER2 IHC is: 0 1+ 2+** 3+
 *Reflex to global PD-L1 SP142 TNBC if global ER/PgR/HER2 panel is negative
 **For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: Do not reflex 2+

PIK3CA Mutation CDx, Prosigna®, Breast Cancer Index® (BCI): separate requisitions required, see website.

Colon Cancer & Lynch Syndrome
MMR IHC **G-IA** **T-IA** **T-SQnt** **T-Qual**
 Reflex to BRAF (Molecular) 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 (Molecular) if MLH1 IHC is not expressed

RAS/RAF Panel (BRAF, HRAS, KRAS, NRAS)
 BRAF (Molecular)
 Reflex to MLH1 Promoter Methylation if BRAF neg.
 KRAS (Exons 2-4)
 NRAS (Exons 2-4)
 MLH1 Promoter Methylation
 NTRK & RET NGS Fusion Profile
 Test4TRK Sponsored Testing Program: separate requisition required, see website.

Thyroid Cancer
 BRAF (Molecular) NTRK & RET NGS Fusion Profile
 KRAS NRAS
 Thyroid & Test4TRK Sponsored Testing Program: separate requisition required, see website.

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

Sarcoma
 NGS Comprehensive Fusion Profile
 NGS Ewing Fusion Profile
 NGS Non-Ewing Fusion Profile
 NGS Pediatric Fusion Profile
 NGS Rhabdomyosarcoma Fusion Profile
 Liposarcoma: See NeoTYPE section far left.
G T **G T** **G T**
 DDIT3 (CHOP) MDM2 (FISH) (FISH)
 PDGFR Rearr (FISH)
 EWSR1 (FISH) SS18 (SYT) (FISH)

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

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

Melanoma **G T**
 KIT (Mol.)
 NRAS (Mol.)
 ThxID® BRAF (Mol.)

Lung Cancer **G T**
 ALK, D5F3 IHC (Lung, FDA)
 ALK Lung (FISH):
 • Reflex to ROS1 (FISH) if global ALK is negative **G** **T**
 N/A BRAF (Molecular)
 CDKN2A (p16) Deletion for Mesothelioma
 N/A EGFR (Molecular, includes T790M):
 • Reflex to ALK (FISH) if EGFR is negative **G** **T**
 – Reflex to ROS1 (FISH) if ALK (FISH) is negative **G** **T**
 • Reflex to concurrent ALK/ROS1 (FISH) if EGFR is negative **G** **T**
 N/A Lung NGS Fusion Profile (ALK, NTRK 1-3, RET, ROS1)
 N/A KRAS (includes G12C mutation)
 • Reflex to concurrent EGFR (Mol)+ALK/ROS1 (FISH) if KRAS negative **G** **T**
 MET (FISH)
 N/A MET Exon 14 Deletion (Molecular)
 N/A NTRK NGS Fusion Profile (NTRK 1-3)
 N/A Oncomine Dx™ Target Test (Molecular)
 RET (FISH)
 ROS1 (FISH)
 ROS1 (IHC)
 N/A InVisionFirst®-Lung Liquid Biopsy

GI Cancer **G T**
 HER2 (IHC)**
 • Reflex to HER2 FISH **G** **T** if global HER2 IHC is: 0 1+ 2+** 3+
 **For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: Do not reflex 2+
 HER2 (FISH)
 • Reflex to HER2 IHC **G** **T** if global HER2 FISH is: positive negative indeterminate
 N/A KIT (Molecular)
 N/A PDGFRa (Molecular) NTRK & RET NGS Fusion Profile

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

Other/Pan-Cancer Testing **G T**
 N/A BRCA1/2 for Tumors Pan-TRK (IHC, global)
 N/A NTRK NGS Fusion Reflex to NTRK NGS Fusion
 FGFR2 Rearr. FISH Reflex to NTRK 1, 2, 3 FISH
 MYC FISH for Angiosarcoma G T
 NTRK 1, 2, 3 FISH
 Other
FlexREPORT™ Please add summary report.

Specimen Requirements

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

All other tests: Refrigerate specimen if not shipping immediately and use cool pack during transport.

Please call Client Services Team with any questions regarding specimen requirements or shipping instructions at 866.776.5907 option 1. Please refer to the website for specific details on each specimen.

Additional Billing Information

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

1. Binding Service Order. This Requisition Form is a legally binding order for the services ordered hereunder ("Services") and Client agrees that it is financially responsible for all tests billable to Client hereunder.

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

Test Descriptions

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

Test Notations

Specimen Usage

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

Breast HER2, ER, PgR (IHC) and Breast HER2 (FISH)

Breast specimens undergoing any of these tests should be invasive breast cancer or the invasive component of the breast cancer fixed in 10% neutral buffered formalin for at least 6 hours and no longer than 72 hours.

For global breast HER2 FISH cases, NeoGenomics will (if requested) reflex FISH to HER2 IHC if FISH results are consistent with CAP/ASCO 2018 result Groups 2, 3, or 4 for dual-probe ISH assays.

- Group 2: HER2/CEP17 ratio \geq 2.0 and average HER2 copy number $<$ 4.0 signals/cell
- Group 3: HER2/CEP17 ratio $<$ 2.0 and average HER2 copy number \geq 6.0 signals/cell
- Group 4: HER2/CEP17 ratio $<$ 2.0 and average HER2 copy number \geq 4.0 and $<$ 6.0 signals/cell

If ordering global HER2 FISH after HER2 IHC was already interpreted outside NeoGenomics, please send the HER2 IHC result and the path report. If that IHC result was 2+, please submit the HER2-stained IHC slide to NeoGenomics with the FISH order so that we may correlate our analysis. This includes stain-only cases that were not scanned by NeoGenomics. If outside HER2 IHC results were other than 2+, we do not request the IHC slide but still request the HER2 IHC report.

CancerTYPE ID® with reflex to NeoTYPE® Cancer Profile

The specific NeoTYPE Cancer Profile added is determined by the CancerTYPE ID result. See www.neogenomics.com for test details.

CancerTYPE ID will be performed, reported and billed separately by Biotheranostics, Inc. For comprehensive details about CancerTYPE ID including test description, intended use, and limitations, visit www.cancertypeid.com.

InVisionFirst®-Lung

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

FlexREPORT™

FlexREPORT can be ordered on any global or tech-only testing referred to NeoGenomics. This report template can be used to import data and images collected from testing performed outside of NeoGenomics, and incorporated into a one page summary report. Client logo and contact information will be in the header of the FlexREPORT.