

Phone 866.776.5907  
Fax 239.690.4237

### Program Description:

Eligible patients may receive one (1) NeoTYPE® DNA & RNA - Lung tissue test with reflex to InVisionFirst®-Lung Liquid Biopsy when tissue DNA and/or RNA is insufficient, regardless of test results or treatment decision. Patients must meet all of the following criteria to be eligible:

- Patient has advanced or metastatic NSCLC
- Patient lives and receives treatment in the United States or a US Territory
- Patient does not have a known molecular biomarker from a prior test
- Patient has not had prior comprehensive biomarker testing
- Patient has not previously been tested under this Program

**No patient, health care program, or beneficiary shall be billed for these tests.** The tests shall not be included in a bundled payment to any health care facility including, but not limited to, a hospital. The ordering physician shall not be compensated any fees in connection with this testing, such as for specimen collection, handling, or data reporting. Program is not valid where prohibited by law. NeoGenomics and Lilly reserve the right to rescind, revoke, or amend the program for any reason without notice.

### Client Information

#### Required Information

Account #: \_\_\_\_\_ Account Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Additional Reporting Fax: \_\_\_\_\_  
Requisition Completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Ordering Physician (please print: Last, First): \_\_\_\_\_ NPI #: \_\_\_\_\_  
Treating Physician (please print: Last, First): \_\_\_\_\_ NPI #: \_\_\_\_\_

The undersigned certifies that he/she is (1) licensed to order the test(s) listed below and he/she agrees to the terms in Program Description; (2) that such test(s) are medically necessary for the care/treatment of this patient; and (3) patient meets eligibility requirements and has provided consent to perform the services described.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Clinical Information

**Required: Please attach patient's pathology report, clinical history, and other applicable report(s).**

ICD 10 (Diagnosis) Code/Narrative (Required): \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_  
 New Diagnosis     Relapse  
Staging:  IIIB     IV    Note: \_\_\_\_\_

### Tissue Specimen Information

**ONCOLOGY OFFICE & PATHOLOGY TO COMPLETE**

**Oncology office to complete Specimen ID and Collection Date when possible.**  
Specimen ID: \_\_\_\_\_ Block ID: \_\_\_\_\_  
Fixative/Preservative: \_\_\_\_\_ Retrieved Date: mm \_\_\_\_ / dd \_\_\_\_ / yyyy \_\_\_\_  
Collection Date: mm \_\_\_\_ / dd \_\_\_\_ / yyyy \_\_\_\_ Collection Time: \_\_\_\_\_  AM  PM  
 Slides # \_\_\_\_\_ Unstained \_\_\_\_\_ Stained \_\_\_\_\_  H&E \_\_\_\_\_  
 Primary  Metastasis – If Metastasis, list Primary: \_\_\_\_\_  
 Paraffin Block(s) #: \_\_\_\_\_ Blocks will be combined for molecular testing when necessary.

### Patient Information

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

### Blood Specimen Information

Specimen ID: \_\_\_\_\_  
Collection Date: mm \_\_\_\_ / dd \_\_\_\_ / yyyy \_\_\_\_ Collection Time: \_\_\_\_\_  AM  PM  
 Peripheral Blood: Streck Cell-Free DNA BCT # \_\_\_\_\_

### Mobile Phlebotomy Request

**ONCOLOGY OFFICE TO COMPLETE IF NEEDED**

Complete this information to request mobile phlebotomy for liquid biopsy if reflexed.  
Patient Phone (mobile preferred): \_\_\_\_\_  
Patient Email: \_\_\_\_\_  
Patient Home Address: \_\_\_\_\_  
City, ST, ZIP: \_\_\_\_\_  
Client represents it has obtained patient's consent to be contacted by third-party service.

### 3rd Party Specimen Location

**ONCOLOGY OFFICE TO COMPLETE**

Client will arrange separate tissue shipment to NeoGenomics OR  
Complete the following so that NeoGenomics Client Services will request specimen from Pathology site. **Please fax** this completed requisition and pathology report to 239.690.4237.  
Location of Specimen: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Body Site: \_\_\_\_\_

### Select Testing

- NeoTYPE® DNA & RNA – Lung, Sponsored Testing Program**  
Includes tissue NGS, PD-L1 22C3 FDA for NSCLC, and reflex to InVisionFirst®-Lung Liquid Biopsy if tissue DNA and/or RNA is insufficient for NGS
- Omit PD-L1**
- Omit reflex** to InVisionFirst®-Lung Liquid Biopsy if tissue DNA and/or RNA is insufficient for NGS

**Note:** Please submit a separate requisition for tests outside of the program's scope.

## Program Overview

Please see our website for details of the Lung Cancer Sponsored Testing Program at:

<https://neogenomics.com/diagnostic-services/sponsored-testing-programs/lung-cancer-testing-program>

## Specimen Requirements

**NeoTYPE® DNA & RNA - Lung:** Paraffin block with FFPE tissue is preferred over slides. Please use 10% neutral buffered formalin fixative. Do not use zinc fixatives.

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

## Biomarkers Tested

### NeoTYPE® DNA & RNA - Lung

- **SNVs/Indels:** AKT1, ALK, ARAF, ARID1A, ATM, ATR, ATRX, BRAF, CDKN2A, CDKN2B, EGFR, ERBB2, ERBB3, ERBB4, FBXW7, FGFR1, FGFR2, FGFR3, FGFR4, KEAP1, KIT, KMT2D, KRAS, MAP2K1, MET, NF1, NF32L2, NOTCH1, NRAS, NTRK1, NTRK3, PDGFRA, PIK3CA, PTEN, RB1, RBM10, RET, ROS1, SMAD4, SMARCA4, SMO, STK11, TERT Promoter, TP53
- **RNA Fusions:** ALK, BRAF, FGFR1, FGFR2, FGFR3, FGFR4, MET including METex14 skipping, NOTCH1, NOTCH2, NRG1, NTRK1, NTRK2, NTRK3, PDGFB, PDGFRA, PDGFRB, RAF1, RET, ROS1
- **CNVs:** ERBB2 gain, MET gain, PTEN loss
- **Other Biomarkers:** TMB, MSI, PD-L1 22C3 FDA for NSCLC (opt-out available)

### InVisionFirst®-Lung Liquid Biopsy

- **SNVs + Indel Hotspots:** ALK, AKT1, BRAF, CCND1, CTNNB1, EGFR, ERBB2, ESR1, FGFR2, FGFR3, GATA3, GNA11, GNAQ, GNAS, HRAS, IDH1, IDH2, KRAS, KIT, MAP2K1, MET, MYC, NFE2L2, NRAS, NTRK1, NTRK3, PDGFRA, PIK3CA, PPP2R1A, ROS1, U2AF1
- **SNVs + Indel Exon Coverage:** PTEN (70%), CDKN2A, STK11, TP53 (88-100%)
- **Fusions:** ALK, NTRK1, RET, ROS1
- **CNVs:** EGFR, ERBB2, FGFR1, MET including METex14 skipping

## Test Notations

### Specimen Usage

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

### InVisionFirst®-Lung Liquid Biopsy

InVisionFirst®-Lung Liquid Biopsy testing is performed by Inivata.