

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. 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 insurance card.

Patient Status (Must Choose 1):

- Hospital Patient (in)
 Hospital Patient (out)
 Non-Hospital Patient

Bill to: Client Bill Insurance
 Medicare Medicaid Patient/Self-Pay
 Bill charges to other Hospital/Facility: _____

ABN required for InVisionFirst®-Lung Liquid Biopsy on Medicare/Medicare Advantage patients who do not meet coverage criteria or when concurrent tissue/liquid biopsy testing is ordered (see back). ABN attached Yes No

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 IV Note: _____

Tissue Specimen Information

PATHOLOGY TO COMPLETE

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
 Slides # _____ Unstained _____ Stained _____ H&E
 Paraffin Block(s) #: _____ Choose best block (global testing only)
 Perform tests on all blocks

Patient Information

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

Blood Specimen Information

Specimen ID: _____
Hospital Discharge Date: mm ____ / dd ____ / yyyy
Collection Date: mm ____ / dd ____ / yyyy Collection Time: _____ AM PM
 Peripheral Blood: Streck Cell-Free DNA BCT® # _____

Mobile Phlebotomy Request

PLEASE FAX

Patient Phone: _____ mobile preferred
Patient Email (optional): _____
Patient Home Address: _____
City, ST, ZIP: _____
 NeoGenomics InVisionFirst®-Lung Liquid Biopsy collection and shipping kit was provided to the patient.

Order Liquid Biopsy below and please fax this completed requisition, pathology report, and face sheet or insurance information to 239.690.4237.

Client represents it has obtained patient's consent to be contacted by third-party service.

Tissue Specimen Retrieval

PLEASE FAX

Client Services will request specimen from Pathology site. Please fax this completed requisition, pathology report, and face sheet or insurance information to 239.690.4237.

Location of Specimen: _____
Street Address: _____
City: _____ ST: _____ ZIP: _____
Phone: _____ Fax: _____
Body Site: _____
 Primary Metastasis – If Metastasis, list Primary: _____

Tissue Testing

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

- Do not add NeoTYPE® Profile

Differential Diagnosis:

Profiles & Panels

- NeoTYPE®-Lung Tumor Profile† (30+ genes by NGS, TMB, MSI, FISH, IHC)
 Reflex to global HER2 (Other) w/Breast Scoring FISH if global HER2 IHC is 0 1+ 2+** 3+
 NeoTYPE® Discovery Profile† (320+ genes by NGS, TMB, MSI, FISH, IHC)
 Reflex to global HER2 (Other) w/Breast Scoring FISH 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+
 Lung NGS Fusion Panel (ALK, MET Exon 14, NRG1, NTRK 1-3, RET, ROS1)
 Omit ALK and ROS1
 NTRK NGS Fusion Panel (NTRK 1-3)
 NTRK & RET NGS Fusion Panel (NTRK 1-3, RET)
 OncoPrint™ Dx Target Test
 Targeted Solid Tumor NGS Fusion Panel (18 genes, MET Exon 14)

- EGFR (Mol.), ALK (FISH), ROS1 (FISH), BRAF (Mol.)
Results will be reported separately.
 MET (FISH), MET Exon 14 (Mol.)

FISH

- ALK Lung
 RET
 ROS1
Other: _____

IHC

- PD-L1 22C3 FDA for NSCLC
 PD-L1 28-8 FDA (OPDIVO®) for NSCLC
 PD-L1 SP142 FDA (TECENTRIQ®) for NSCLC
 ALK D5F3 (Lung, FDA)
 ROS1

Molecular

- EGFR
 KRAS (includes G12C mutation)
 MET Exon 14 Deletion

Liquid Biopsy & Reflex Testing

- InVisionFirst®-Lung Liquid Biopsy
 NeoTYPE®-Lung Tumor Profile† on tissue, reflex to InVisionFirst®-Lung Liquid Biopsy if tissue NGS is insufficient
 Reflex to global HER2 (Other) w/Breast Scoring FISH if global HER2 IHC is 0 1+ 2+** 3+
 NeoTYPE® Discovery Profile† on tissue, reflex to InVisionFirst®-Lung Liquid Biopsy if tissue NGS is insufficient
 Reflex to global HER2 (Other) w/Breast Scoring FISH 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+

Please review InVisionFirst®-Lung Liquid Biopsy Conditions for Medicare Coverage on back of this form and attach ABN if patient does not meet coverage criteria.

ABN is also required if ordering InVisionFirst®-Lung Liquid Biopsy concurrently with tissue testing that includes EGFR, BRAF, ALK, and/or ROS1.

Specimen Requirements

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

All other tests: 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.

InVisionFirst®-Lung Liquid Biopsy Conditions for Medicare Coverage

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

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

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

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

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.

InVisionFirst®-Lung

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