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

Client Information

Required Information

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

The undersigned certifies that he/she is licensed to order the test(s) listed below and that such test(s) are medically necessary for the care/treatment of this patient. If ordering InVisionFirst®-Lung Liquid Biopsy, the undersigned additionally certifies that he/she understands Medicare's medical necessity criteria for the InVisionFirst®-Lung Liquid Biopsy test listed on the back of this form.

Authorized Signature: _____ **Date**: _____

Patient Information

Last Name: _____ ☐ **Male** ☐ **Female**
First Name: _____ **M.I.** _____ Other Pt ID/Acct #: _____
Date of Birth: mm _____ / dd _____ / yyyy _____ Medical Record #: _____

By completing this section, Client represents it has obtained informed consent from patient to perform the services described herein.

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/Medicaid ☐ Medicare ☐ 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 ☐ IIIA ☐ IIIB ☐ IV Note: _____

3rd Party Specimen Location — ONCOLOGY OFFICE TO COMPLETE

Client Services will request specimen from Pathology site.

Pathology Site: _____
Address: _____
Phone: _____ **Fax:** _____
Body Site: _____

Mobile Phlebotomy Request — ONCOLOGY OFFICE TO COMPLETE IF NEEDED

Patient Phone (mobile preferred): _____
Patient Email (optional): _____
Patient Home Address: _____
City, ST, ZIP: _____

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.

Specimen Information — ONCOLOGY OFFICE & PATHOLOGY TO COMPLETE

Oncology office to complete Specimen ID and Collection Date when possible.

Specimen ID: _____ **Block ID:** _____
Fixative/Preservative: _____ **Retrieved Date:** mm _____ / dd _____ / yyyy _____
Hospital Discharge Date: mm _____ / dd _____ / yyyy _____
Collection Date: mm _____ / dd _____ / yyyy _____ Collection Time: _____ ☐ AM ☐ PM
☐ Primary ☐ Metastasis – If Metastasis, list Primary: _____
☐ 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.

Breast Marker & Gastric/GEA HER2 Fixation (CAP/ASCO Requirement)
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

NeoTYPE® Cancer Profiles

NeoTYPE® DNA & RNA Profiles
Integrated DNA and RNA NGS genomic profiling

☐ NeoTYPE® DNA & RNA - Brain
  ☐ Add MGMT Promoter Methylation Analysis
☐ NeoTYPE® DNA & RNA - Lung
  ☐ Add PD-L1 22C3 FDA for NSCLC
  ☐ Add HER2 Other with Breast Scoring IHC, reflex to HER2 Other with Breast Scoring FISH (reports separately)
  → ☐ Reflex to InVisionFirst®-Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS

NeoTYPE® Profiles (DNA, FISH, IHC)
Multimethod genomic profiling

See reverse side for HER2 reflex information
*Reflex to NTRK 1-3 FISH Panel instead of NTRK NGS if Pan-TRK IHC is positive or equivocal ☐

Broad-Reach Profiles
☐ Discovery Profile (320+ genes)*
Primary Tumor: ☐ Breast ☐ Lung ☐ Other
→ ☐ Discovery Lung only: Reflex to InVisionFirst®-Lung Liquid Biopsy if tissue NGS is insufficient
☐ Precision Profile (70+ genes)*

Targeted Profiles
☐ Breast Tumor Profile*
☐ Cervical Tumor Profile*
☐ Cholangiocarcinoma Profile
☐ Colorectal Tumor Profile*
☐ Endometrial Tumor Profile*
☐ Esophageal Tumor Profile*
☐ Gastric Tumor Profile*
☐ GI Predictive Profile*
☐ GIST & Soft Tissue Profile
☐ Head & Neck Tumor Profile*
☐ HRD+ Profile
☐ Liposarcoma Fusion Profile
☐ Liver/ Biliary Tumor Profile*
☐ Lung Tumor Profile*
→ ☐ Reflex to InVisionFirst®-Lung Liquid Biopsy if tissue NGS is insufficient
☐ Melanoma Profile*
☐ Other Solid Tumor Profile*
☐ Ovarian Tumor Profile*
☐ Pancreas Tumor Profile*
☐ Thyroid Profile*

RNA-Based NGS Fusion Panels

☐ Brain NGS Fusion Panel
☐ Breast NGS Fusion Panel
☐ Cholangio/Pancreatic NGS Fusion Panel
☐ Colorectal NGS Fusion Panel
☐ Ewing Sarcoma NGS Fusion Panel
☐ Lung NGS Fusion Panel (Complete, 8 genes)Non-Ewing Sarcoma NGS Fusion Panel
☐ NTRK NGS Fusion Panel
☐ 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)

See InVisionFirst®-Lung Additional Info on back for ABN requirements.

Other Testing

☐ BRCA1/2 Mutation Analysis for Tumors
☐ CancerTYPE ID® with reflex to NeoTYPE Cancer Profile based on CancerTYPE ID result
- Tumor of uncertain origin classification followed by targeted biomarkers
- To order CancerTYPE ID™ as a stand-alone test, visit www.cancertypeid.com

☐ Oncomine Dx™ Target Test (for NSCLC)
☐ Prosigna® Assay (for breast cancer)
Prognostic risk of distant recurrence
Patient and specimen must meet following criteria.
Check all that apply (required).
  ☐ Post-menopausal female
  ☐ ER+ ☐ PgR+ (one or both must be positive)
  Stage and lymph node status (choose one):
  ☐ I or II with 0 positive nodes
  ☐ II with 1-3 positive nodes (≥4 nodes ineligible)
  Tumor type (choose one):
  ☐ Invasive ductal
  ☐ Invasive lobular
  ☐ Invasive ductal & lobular
  ☐ Invasive carcinoma, NOS (not otherwise specified)
  ☐ Pathology report is attached (required)
  Gross tumor size: ☐ ≤2cm ☐ >2cm
☐ RAS/RAF Panel
☐ _____

Breast Cancer Index® (BCI), Lung or Thyroid Sponsored Testing Programs: separate requisitions required, see website.

Specimen Requirements

Liquid biopsy tests InVisionFirst®-Lung Liquid Biopsy 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 3. Please refer to the website for specific details on each specimen.

Additional Billing Information

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

1. **Binding Service Order.** This Requisition Form is a contractually 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 Additional Information: 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 MolDX Noridian LCD L37897, testing is appropriate under the following circumstances:

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

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

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

Test Descriptions

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.

NeoTYPE HER2 Reflex Default Pathways for Multimethod Profiles

Inquire for other reflex pathway options.

Colorectal, GI Predictive	Reflex to HER2 Colorectal FISH if HER2 IHC is 3+ in 11-49% and/or 2+ in ≥ 50% of cells
Discovery, Endometrial, Lung, Ovarian, Pancreas	Reflex to HER2 (Other) w/Breast Scoring FISH if HER2 IHC is 2+
Other NeoTYPE Profiles	HER2 not included; does not apply

NeoTYPE® DNA & RNA Profiles - Brain or Lung

If the sample is insufficient to produce both DNA and RNA results, the available results will be reported and alternate CPT® Codes may apply. Please see website for details.

Lung only: To choose a different PD-L1 and/or HER2 test for NeoTYPE DNA & RNA - Lung, complete the "Other" ordering field at the bottom of the requisition. These "Other" PD-L1 and HER2 tests will report separately from the NeoTYPE Profile.

Breast Cancer Index® (BCI)

For use in patients diagnosed with estrogen receptor-positive (ER+), lymph node-negative (LN-) or lymph node positive (LN+; with 1-3 positive nodes) early-stage, invasive breastcancer, who are distant recurrence-free. Breast Cancer Index will be performed, reported and billed separately by Biotheranostics, Inc. For comprehensive details about Breast Cancer Index including test description, intended use and limitations, and Medicare Local Coverage Determination (LCD) criteria visit www.breastcancerindex.com.

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 Liquid Biopsy

InVisionFirst®-Lung Liquid Biopsy testing is performed by Inivata, Inc., a subsidiary of NeoGenomics Laboratories. See www.neogenomics.com for test details.

For our complete test menu, TAT, specimen requirements and more, please visit: www.neogenomics.com

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