

## 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 #: \_\_\_\_\_

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 insurance card.**
**Patient Status (Must Choose 1):** Bill to:  Client Bill  Insurance/Medicaid

 Hospital Patient (in)  Medicare  Patient/Self-Pay

 Hospital Patient (out)  Bill charges to other Hospital/Facility: \_\_\_\_\_

 Non-Hospital Patient

 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: \_\_\_\_\_

 NeoGenomics InVisionFirst®-Lung Liquid Biopsy collection and shipping kit was provided to the patient.

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 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.**

## 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) #: \_\_\_\_\_  Choose best block

 Peripheral Blood #: \_\_\_\_\_ Blocks will be combined for molecular testing when necessary.

 Perform tests on all blocks

**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 with RNA-Based NGS Fusion Panels

Comprehensive 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)\*  Universal Solid Tumor Fusion Panel

 Primary Tumor:  Breast  Lung  Other

 Opt out of HER2 IHC

 Precision Profile (70+ genes)\*  Targeted Solid Tumor NGS Fusion Panel

### Targeted Profiles

 Brain Tumor Profile  Brain NGS Fusion Panel

 Breast Tumor Profile\*  Breast NGS Fusion Panel

 Cervical Tumor Profile\*

 Cholangiocarcinoma Profile  Cholangio/Pancreatic NGS Fusion Panel

 Colorectal Tumor Profile  Colorectal NGS Fusion Panel

 Opt out of HER2 IHC

 Endometrial Tumor Profile\*

 Opt out of HER2 IHC

 Esophageal Tumor Profile\*

 Gastric Tumor Profile\*

 Opt out of MMR IHC Testing

 GI Predictive Profile\*

 Opt out of HER2 IHC

 GIST & Soft Tissue Profile

 Head and Neck Tumor Profile\*

 HRD+ Profile

 Liposarcoma Fusion Profile

 Liver/ Biliary Tumor Profile\*

## Targeted Profiles Continued

 Lung Tumor Profile\*

 Opt out of HER2 IHC

 Melanoma Profile\*

 Other Solid Tumor Profile\*

 Ovarian Tumor Profile\*

 Opt out of HER2 IHC

 Pancreas Tumor Profile\*

 Opt out of HER2 IHC

 Thyroid Profile\*  Thyroid NGS Fusion Panel

### Other RNA-Based NGS Fusion Panels

 Ewing Sarcoma NGS Fusion Panel

 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

### Liquid Biopsy and Reflex Testing

 NeoLAB® Solid Tumor Liquid Biopsy

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

 InVisionFirst®-Lung Liquid Biopsy (test upon receipt)

 NeoTYPE®-Lung Tumor Profile† on tissue, reflex to InVisionFirst® Lung Liquid Biopsy if tissue NGS is insufficient

 NeoTYPE® Discovery Profile† on tissue, reflex to InVisionFirst® Lung Liquid Biopsy if tissue NGS is insufficient

## Other Testing

 BRCA1/2 Mutation Analysis for Tumors

 CancerTYPE ID® with reflex to NeoTYPE Cancer Profile based on CancerTYPE ID result

 Perform tests on all blocks

 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)

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) &amp; Thyroid Sponsored Testing Program: 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 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 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

### NeoTYPE HER2 Reflex Default Pathways

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

## 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 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](http://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](http://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](http://www.cancertypeid.com).

### InVisionFirst®-Lung Liquid Biopsy

InVisionFirst®-Lung Liquid Biopsy testing is performed by Invata. See [www.neogenomics.com](http://www.neogenomics.com) for test details.