New York State 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

Please note: all fields in BOLD are REQUIRED to prevent calls back to your facility.

Client 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.

Authorized Signature: _____ **Date:** _____

Billing Information

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: _____

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

Clinical Information

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: _____

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.

3rd Party Specimen Location

ONCOLOGY OFFICE TO COMPLETE

Client Services will request specimen from Pathology site.

Pathology Site: _____

Address: _____

Phone: _____ **Fax:** _____

Body Site: _____

Collection Date: mm _____ / dd _____ / yyyy _____

Specimen Information

PATHOLOGY TO COMPLETE

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

Comprehensive Genomic Profile *(pan-tumor, 336 biomarkers)*
Select tumor type for PD-L1 and HER2 matching
☐ Breast
☐ Lung
☐ Other

Targeted Profile
☐ Breast
☐ Colorectal
☐ Other Profile: _____
Please see back for available Profiles and write in Profile name.
Call Client Services for targeted lung test options.

Other Testing

☐ NTRK NGS Fusion Panel
☐ RAS/RAF Panel
☐ Other _____
☐ Other _____

PIK3CA Breast Sponsored Testing Program: separate requisition required. Please see website.

Specimen Requirements

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.

NeoTYPE® Profile Assignments

Comprehensive & Targeted Breast, Colorectal, Lung

Selection	Profile to be Performed
Comprehensive	NeoTYPE Discovery for Solid Tumors*
Targeted Breast	NeoTYPE Breast*
Targeted Colorectal	NeoTYPE Colorectal*

Other Targeted Profiles

Available Profiles	Please choose a NeoTYPE Profile and write its name on reverse				
Brain (DNA & RNA) with MGMT Promoter Methylation	Cervical*	Cholangiocarcinoma	Endometrial*	Esophageal*	Gastric* with MMR IHC
GI Predictive* with HER2 Colorectal	GIST & Soft Tissue	Head & Neck*	HRD+	Liposarcoma Fusion	Liver/Biliary*
Melanoma*	Other Solid Tumor*	Ovarian*	Pancreas*	Precision*	Thyroid*

PD-L1 IHC is included in all Profiles except Liposarcoma Fusion.
**Pan-TRK IHC in these Profiles will reflex to NTRK NGS Fusion Panel when indicated.*

Additional Specimen Information

If submitting multiple blocks, client must indicate either "Choose best block (global molecular/NGS testing only)" or assign the selection of blocks to individual tests. If multiple blocks are sent without a selection, they will be held until clarification is provided. Please call Client Services Team with any questions regarding specimen information.

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

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, 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 Profile - Brain

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.

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

© 2022 NeoGenomics Laboratories, Inc. All rights reserved.
All trademarks are the property of their respective owners.
CORP-MRKT-0104 Rev. 122022