

## 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.**  
**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 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  Medicare  Medicaid  Patient/Self-Pay  
 Split Billing - Client (TC) and Insurance (PC)  OP Molecular to MCR, all other testing to Client  
 Bill charges to other Hospital/Facility: \_\_\_\_\_  
 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: \_\_\_\_\_

## 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.**

## Specimen Information

**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 \_\_\_\_\_  
**Body Site:** \_\_\_\_\_  
 Primary  Metastasis - If Metastasis, list Primary: \_\_\_\_\_  
 Peripheral Blood: Green Top(s) \_\_\_\_\_ Purple Top(s) \_\_\_\_\_ Other \_\_\_\_\_  
 Fresh Tissue (Media Type required): \_\_\_\_\_  
 Fluid: CSF \_\_\_\_\_ Pleural \_\_\_\_\_ Other \_\_\_\_\_  
 FNA cell block: \_\_\_\_\_  
 Smears: Air Dried \_\_\_\_\_ Fixed \_\_\_\_\_ Stained (type of stain) \_\_\_\_\_  
 Slides # \_\_\_\_\_ Unstained \_\_\_\_\_ Stained \_\_\_\_\_  H&E \_\_\_\_\_  
 Paraffin Block(s) #: \_\_\_\_\_  **Choose best block** (for global molecular/NGS testing only)  
 Submit ≤4 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

\*Reflex to NTRK 1-3 FISH Panel instead of NTRK NGS if Pan-TRK IHC is positive or equivocal

**G** - Global **TF** - Tech-Only FISH **TI** - Tech-Only IHC

<p><b>G TF TI***</b></p> <input type="checkbox"/> N/A <input type="checkbox"/> Brain (DNA & RNA) <input type="checkbox"/> Add MGMT Promoter Methylation Analysis <input type="checkbox"/> <input type="checkbox"/> Breast Tumor Profile* <input type="checkbox"/> <input type="checkbox"/> Cervical Tumor Profile* <input type="checkbox"/> <input type="checkbox"/> Cholangiocarcinoma Profile <input type="checkbox"/> <input type="checkbox"/> Colorectal Tumor Profile* <input type="checkbox"/> Opt out of HER2 IHC <input type="checkbox"/> Reflex to HER2 Colorectal (FISH) if global HER2 IHC is: 3+ in 11-49% and/or 2+ in ≥ 50% cells <input type="checkbox"/> <b>G (Default)</b> <input type="checkbox"/> <b>T</b> <input type="checkbox"/> <b>Do Not Reflex</b> 3+ in ≥ 50% cells <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>T</b> 0/1+ <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>T</b> <input type="checkbox"/> <input type="checkbox"/> Discovery Profile* <input type="checkbox"/> Opt out of HER2 IHC Primary Tumor: <input type="checkbox"/> Breast <input type="checkbox"/> Lung <input type="checkbox"/> Other <input type="checkbox"/> Reflex to HER2 (Other) w/Breast Scoring FISH <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>T</b> if global HER2 IHC is <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ (Default) <input type="checkbox"/> 3+ <input type="checkbox"/> Do Not Reflex 2+ <input type="checkbox"/> <input type="checkbox"/> Endometrial Tumor Profile* <input type="checkbox"/> Opt out of HER2 IHC <input type="checkbox"/> Reflex to HER2 (Other) w/Breast Scoring FISH <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>T</b> if global HER2 IHC is <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ (Default) <input type="checkbox"/> 3+ <input type="checkbox"/> Do Not Reflex 2+	<p><b>G TF TI***</b></p> <input type="checkbox"/> <input type="checkbox"/> Esophageal Tumor Profile* <input type="checkbox"/> <input type="checkbox"/> Gastric Tumor Profile* <input type="checkbox"/> Opt out of MMR IHC <input type="checkbox"/> <input type="checkbox"/> GI Predictive Profile* <input type="checkbox"/> Opt-out of HER2 IHC <input type="checkbox"/> Perform HER2 IHC with reflex to FISH (if applicable) as: <input type="checkbox"/> HER2 Colorectal (Default) <input type="checkbox"/> Reflex to HER2 Colorectal (FISH) if global HER2 IHC is: 3+ in 11-49% and/or 2+ in ≥ 50% cells <input type="checkbox"/> <b>G (Default)</b> <input type="checkbox"/> <b>T</b> <input type="checkbox"/> <b>Do Not Reflex</b> 3+ in ≥ 50% cells <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>T</b> 0/1+ <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>T</b> <input type="checkbox"/> HER2 Gastric/GEA <input type="checkbox"/> Reflex to HER2 Gastric/GEA (FISH) <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>T</b> if global HER2 IHC is <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ (Default) <input type="checkbox"/> 3+ <input type="checkbox"/> Do Not Reflex 2+ <input type="checkbox"/> <input type="checkbox"/> GIST & Soft Tissue Tumor Profile <input type="checkbox"/> <input type="checkbox"/> Head & Neck Tumor Profile* <input type="checkbox"/> N/A <input type="checkbox"/> HRD+ Profile <input type="checkbox"/> <input type="checkbox"/> Liposarcoma Fusion Profile	<p><b>G TF TI***</b></p> <input type="checkbox"/> <input type="checkbox"/> Liver/Biliary Tumor Profile* <input type="checkbox"/> <input type="checkbox"/> Melanoma Profile* <input type="checkbox"/> <input type="checkbox"/> Other Solid Tumor Profile* <input type="checkbox"/> <input type="checkbox"/> Ovarian Tumor Profile* <input type="checkbox"/> Opt out of HER2 IHC <input type="checkbox"/> Reflex to HER2 (Other) w/Breast Scoring FISH <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>T</b> if global HER2 IHC is <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ (Default) <input type="checkbox"/> 3+ <input type="checkbox"/> Do Not Reflex 2+ <input type="checkbox"/> <input type="checkbox"/> Pancreas Tumor Profile* <input type="checkbox"/> Opt out of HER2 IHC <input type="checkbox"/> Reflex to HER2 (Other) w/Breast Scoring FISH <input type="checkbox"/> <b>G</b> <input type="checkbox"/> <b>T</b> if global HER2 IHC is <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+ (Default) <input type="checkbox"/> 3+ <input type="checkbox"/> Do Not Reflex 2+ <input type="checkbox"/> N/A <input type="checkbox"/> Precision Profile* <input type="checkbox"/> <input type="checkbox"/> Thyroid Tumor Profile* <p>***Ordering Pathologist listed has received the required competency training to perform the professional interpretation for PD-L1. Please contact Client Services for Lung options.</p>
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## RNA-Based NGS Fusion Panels

<input type="checkbox"/> Brain NGS Fusion Panel	<input type="checkbox"/> NTRK & RET NGS Fusion Panel
<input type="checkbox"/> Breast NGS Fusion Panel	<input type="checkbox"/> Prostate NGS Fusion Panel
<input type="checkbox"/> Cholangio/Pancreatic Carcinoma NGS Fusion Panel	<input type="checkbox"/> Rhabdomyosarcoma NGS Fusion Panel
<input type="checkbox"/> Colorectal NGS Fusion Panel	<input type="checkbox"/> Salivary Gland NGS Fusion Panel
<input type="checkbox"/> Ewing Sarcoma NGS Fusion Panel	<input type="checkbox"/> Sarcoma Comprehensive NGS Fusion Panel
<input type="checkbox"/> Lung NGS Fusion Panel (ALK, MET, NRG1, NTRK1-3, RET, ROS1)	<input type="checkbox"/> Targeted Solid Tumor NGS Fusion Panel
<input type="checkbox"/> Omit ALK and ROS1	<input type="checkbox"/> Thyroid NGS Fusion Panel
<input type="checkbox"/> Non-Ewing Sarcoma NGS Fusion Panel	<input type="checkbox"/> Universal Solid Tumor NGS Fusion Panel
<input type="checkbox"/> NTRK NGS Fusion Panel (NTRK 1-3)	

## Unknown or Uncertain Tumor Type

CancerTYPE ID® with reflex to NeoTYPE Cancer Profile  
 Tumor classification, followed by targeted biomarkers based on CancerTYPE ID result  
 NeoTYPE is global unless marked:  Tech-Only FISH  Tech-Only IHC\*\*\*

## Other Testing

ARCA1/2 Mutation Analysis for Tumors  
 Oncomine Dx™ Target Test (for NSCLC)  
 RAS/RAF Panel  
**G T**  
 Other \_\_\_\_\_  
 Prosigna Assay®, Breast Cancer Index® (BCI): separate requisitions required, 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 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 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.

## 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 Descriptions

Please see complete test descriptions and all available tests at our website, [www.neogenomics.com](http://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® 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.

### 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).

**For our complete test menu, TAT, specimen requirements and more, please visit: [www.neogenomics.com](http://www.neogenomics.com)**