New York State 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:** _____

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 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:
_____

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 #: _____
Client represents it has obtained informed consent from patient to perform the services described herein.

Specimen Retrieval

Client Services will request specimen from Pathology site.
Location of Specimen: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Note: _____
Body Site: _____
☐ Primary ☐ Metastasis – If Metastasis, list Primary: _____

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 _____

☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Paraffin Block(s) #: _____ ☐ **Choose best block** (global testing only)
☐ **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

Consultation

☐ **Surgical Pathology Consult** (FFPE only)
☐ Add NGS Tumor Profile if indicated

Differential Diagnosis: _____

A NeoGenomics pathologist will select medically necessary tests to provide comprehensive analysis and professional interpretation for the materials submitted.

Breast Cancer

☐ *ER/PgR/HER2**
☐ *ER/PgR/HER2**/Ki67
☐ *ER/PgR/HER2**/Ki67/p53
☐ Individual Stains:
☐ ER ☐ PgR ☐ HER2** ☐ Ki67 ☐ p53
☐ *Reflex to global PD-L1 SP142 TNBC if global ER/PgR/HER2 panel is negative

**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: ☐ Do not reflex 2+.

☐ HER2 (FISH)
☐ Reflex to HER2 IHC if HER2 FISH result is Group 2, 3, or 4 (see back)
• For global HER2 FISH: Send path report. If HER2 IHC has been interpreted elsewhere: Send IHC report and also send HER2 IHC slide if result is 2+.
☐ PD-L1 22C3 FDA (KEYTRUDA®) for TNBC (Breast)
☐ PD-L1 SP142 FDA (TECENTRIQ®) for TNBC (Breast)
☐ TOP2A (FISH)

PIK3CA Mutation CDx, Breast Cancer Index® (BCI):
separate requisitions required, see website.

HER2 (Except Breast)

☐ HER2 Gastric/GEA (IHC)
• Reflex to HER2 Gastric/GEA (FISH) if global HER2 (IHC) is:
☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ HER2 Gastric/GEA (FISH)
☐ HER2 (Other) IHC - ☐ Breast Scoring (Default) **or** ☐ Gastric Scoring
• Reflex to HER2 (Other) FISH if global HER2 (IHC) is:
☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ HER2 (Other) FISH - ☐ Breast Scoring (Default) **or** ☐ Gastric Scoring

**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: ☐ Do not reflex 2+

☐ HER2 Colorectal (IHC)^
☐ Reflex to HER2 Colorectal (FISH) if global HER2 is 3+ in ≥ 50% cells
☐ Reflex to HER2 Colorectal (FISH) if global HER2 is 0/1+
^ For global HER2 IHC w/results 3+ in 11-49% and/or 2+ in ≥ 50% cells, NeoGenomics will add global HER2 FISH, unless "Do Not Reflex" is marked here: ☐ Do Not Reflex
☐ HER2 Colorectal (FISH)

Thyroid Cancer

☐ BRAF (Molecular)
☐ KRAS

Test4TRK Sponsored Testing Program: separate requisition required, see website.

Sarcoma

☐ DDIT3 (CHOP) (FISH)
☐ EWSR1 (FISH)
☐ MDM2 (FISH)
☐ SS18 (SYT) (FISH)

Melanoma

☐ NeoSITE® Melanoma FISH
☐ New York Melanoma Targeted Profile (NGS)
☐ ThxID® BRAF Mutation Analysis
☐ BRAF (molecular)

Brain Cancer

☐ 1p/19q Deletion (FISH)
☐ BRAF (FISH)
☐ CDKN2A (p16) Deletion for Mesothelioma or Glioma (FISH)
☐ EGFR Amplification (FISH)
☐ N-MYC Amplification (FISH)
☐ PDGFRA Amplification (FISH)
☐ PTEN (FISH)

Colorectal Cancer

☐ MMR IHC
☐ Reflex to BRAF if MLH1 IHC is not expressed
☐ Reflex MMR to _____ if MMR _____
☐ Microsatellite Instability (MSI) Non-tumor tissue is required.
☐ Reflex to MMR if MSI is high
☐ Reflex to BRAF if MLH1 IHC is not expressed
☐ New York RAS/RAF Panel

Test4TRK Sponsored Testing Program: separate requisition required, see website.

Lung Cancer

☐ New York Lung Targeted Profile (Mol.)^
☐ Add ALK/RET/ROS1 FISH & PD-L1 22C3 IHC
☐ PD-L1 22C3 FDA (KEYTRUDA®)
☐ PD-L1 28-8 FDA (OPDIVO®+YERVOY®)
☐ PD-L1 SP142 FDA (TECENTRIQ®)
☐ EGFR (Mol.), ALK (FISH), ROS1 (FISH), BRAF (Mol.) Results will be reported separately.
☐ ALK (FISH)
☐ CDKN2A (p16) Deletion for Mesothelioma or Glioma (FISH)
☐ EGFR (Mol.)
☐ MET (FISH)
☐ KRAS (includes G12C mutation)
☐ RET (FISH)
☐ ROS1 (FISH)

Ob/Gyn

☐ PD-L1 22C3 FDA (KEYTRUDA®) for Cervical

Head and Neck Cancer

☐ PD-L1 22C3 FDA (KEYTRUDA®) for HNSCC

GI Cancer

☐ KIT (Molecular)
☐ PD-L1 22C3 FDA (KEYTRUDA®) for ESCC (Esophageal)
☐ PD-L1 22C3 FDA (KEYTRUDA®) for Gastric/GEA

Bladder Cancer

☐ Bladder Cancer FISH (urine only)
☐ FGFR CDx Molecular Analysis
☐ PD-L1 22C3 FDA (KEYTRUDA®)
☐ PD-L1 SP142 FDA (TECENTRIQ®)
☐ PD-L1 SP263 FDA (IMFINZI®)

Other/Pan-Cancer Testing

☐ BRAF (Mol.)
☐ FGFR2 Rearr. FISH
☐ KIT (Mol.)
☐ KRAS (Exons 2-4)
☐ MLH1 Promoter Methylation (Mol.)
☐ NRAS (Exon 2-4)
☐ NTRK 1,2,3 FISH
☐ NTRK 3 FISH
☐ NexCourse® Complete^
☐ Pan-TRK (IHC)
☐ Other Molecular
_____
☐ Other FISH
_____
☐ Other IHC
_____

For our complete test menu, TAT, specimen requirements, and more, please visit **neogenomics.com**. ^EGFR PCR will be added to lung specimens submitted for these Profiles if insufficient for NGS.

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 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.

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.

Breast HER2, ER, PgR (IHC) and Breast HER2 (FISH)

Breast specimens undergoing any of these tests should be invasive breast cancer or the invasive component of the breast cancer fixed in 10% neutral buffered formalin for at least 6 hours and no longer than 72 hours.

For global breast HER2 FISH cases, NeoGenomics will (if requested) reflex FISH to HER2 IHC if FISH results are consistent with CAP/ASCO 2018 result Groups 2, 3, or 4 for dual-probe ISH assays.

- Group 2: HER2/CEP17 ratio ≥ 2.0 and average HER2 copy number < 4.0 signals/cell
- Group 3: HER2/CEP17 ratio < 2.0 and average HER2 copy number ≥ 6.0 signals/cell
- Group 4: HER2/CEP17 ratio < 2.0 and average HER2 copy number ≥ 4.0 and < 6.0 signals/cell

If ordering global HER2 FISH after HER2 IHC was already interpreted outside NeoGenomics, please send the HER2 IHC result and the path report. If that IHC result was 2+, please submit the HER2-stained IHC slide to NeoGenomics with the FISH order so that we may correlate our analysis. This includes stain-only cases that were not scanned by NeoGenomics. If outside HER2 IHC results were other than 2+, we do not request the IHC slide but still request the HER2 IHC report.

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