

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 insurance card.

Specimen Origin (Must Choose 1): **Bill to:** Client Bill Insurance
 Hospital Patient (in) Medicare Medicaid Patient/Self-Pay
 Hospital Patient (out) Bill charges to other Hospital/Facility:
 Non-Hospital Patient _____
 Prior Authorization # _____ See neogenomics.com/billing 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: _____
 Solid Tumors: New Diagnosis Relapse In Remission Monitoring
 Staging: 0 I II III IV Note: _____
Predictive Marker Fixation (CAP/ASCO Requirement):
**Indicated markers/profiles/panels require fixation information*
 Cold ischemic duration (mins): _____ Unknown
 Fixative: 10% NBF Other: _____ Unknown
 Fixation duration (hours): _____ Unknown
G - Global G-IA - Global with Image Analysis T - Tech-Only/Stain-Only T-IA - Tech-Only with Image Analysis
T-SQnt - Tech-Only with Semi-Quantitative interpretation by client
T-Qual - Tech-Only with Qualitative interpretation by client

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. Please fax this completed requisition, pathology report, and face sheet or insurance info to 239-690-4237.
 Location of Specimen: _____
 Address: _____

 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 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 _____
Body Site: _____
 Primary Metastasis – If Metastasis, list Primary: _____
 Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____
 FNA cell block: _____
 Slides # _____ Unstained _____ Stained _____ H&E _____
 Paraffin Block(s) #: _____ Choose best block (global testing only)
Comments: _____

Tumor Testing

FFPE Specimens

<p>Consultation A NeoGenomics pathologist will select medically necessary tests (with any exception noted below by the client) to provide comprehensive analysis and professional interpretation for the materials submitted. <input type="checkbox"/> Surgical Pathology Consult <input type="checkbox"/> Add NeoTYPE® Profile if indicated Differential Diagnosis: _____ NeoTYPE® Profiles* *Reflex to NTRK 1-3 FISH Panel instead of NTRK NGS if Pan-TRK IHC is positive or equivocal <input type="checkbox"/> G - Global TF - Tech-Only FISH TI - Tech-Only IHC G TF TI** <input type="checkbox"/> <input type="checkbox"/> Breast Tumor Profile <input type="checkbox"/> N/A <input type="checkbox"/> Precision Profile <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 • Reflex to HER2 (Other) w/Breast Scoring FISH <input type="checkbox"/> G <input type="checkbox"/> T 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"/> Other NeoTYPE: _____</p>	<p>FISH G T <input type="checkbox"/> <input type="checkbox"/> HER2 Breast FISH* • Reflex to HER2 IHC <input type="checkbox"/> G-IA <input type="checkbox"/> T-IA <input type="checkbox"/> T if HER2 Breast 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+. <input type="checkbox"/> <input type="checkbox"/> Other FISH: _____ Molecular <input type="checkbox"/> BRCA1/2 Mutation Analysis for Tumors <input type="checkbox"/> EGFR <input type="checkbox"/> Breast NGS Fusion Panel <input type="checkbox"/> Other Molecular: _____ PIK3CA CDx Mutation Analysis by PCR: see website or contact Client Services for separate requisition order form.</p>	<p>IHC G-IA T-IA T <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ER/PgR/HER2** <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ER/PgR/HER2**/Ki67* <input type="checkbox"/> <input type="checkbox"/> Individual Stains: <input type="checkbox"/> ER* <input type="checkbox"/> PgR* <input type="checkbox"/> HER2*** <input type="checkbox"/> Ki67* Reflex to HER2 Breast FISH* <input type="checkbox"/> G <input type="checkbox"/> T if HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+** <input type="checkbox"/> 3+ <input type="checkbox"/> Do not reflex <input type="checkbox"/> *Reflex to PD-L1 22C3 FDA (KEYTRUDA®) for TNBC (Breast) if global ER/PgR/HER2 panel is negative G T*** <input type="checkbox"/> <input type="checkbox"/> p53 <input type="checkbox"/> <input type="checkbox"/> PD-L1 22C3 FDA (KEYTRUDA®) for TNBC (Breast)* <input type="checkbox"/> <input type="checkbox"/> PD-L1 LDT* <input type="checkbox"/> <input type="checkbox"/> Other IHC: _____ ***Tech-Only FDA PD-L1: Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test</p>	<p>Predictive / Recurrence Risk Profiles <input type="checkbox"/> Breast Cancer Index® (BCI)* <i>Prediction of likelihood of benefit from extended endocrine therapy and risk of late distant recurrence</i> <input type="checkbox"/> Prosigna® Assay <i>Prognostic risk of distant recurrence</i> Patient and specimen must meet following criteria. Check all that apply (required). <input type="checkbox"/> Post-menopausal female <input type="checkbox"/> ER+ <input type="checkbox"/> PgR+ (one or both must be positive) Stage and lymph node status (choose one): <input type="checkbox"/> I or II with 0 positive nodes <input type="checkbox"/> II with 1-3 positive nodes (≥4 nodes ineligible) Tumor type (choose one): <input type="checkbox"/> Invasive ductal <input type="checkbox"/> Invasive lobular <input type="checkbox"/> Invasive ductal & lobular <input type="checkbox"/> Invasive carcinoma, NOS (not otherwise specified) Additional required information <input type="checkbox"/> Pathology report is attached Gross tumor size: <input type="checkbox"/> ≤2cm <input type="checkbox"/> >2cm FlexREPORT® <input type="checkbox"/> Please add summary report.</p>
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Germline Testing

Peripheral Blood. Consent Form Required

BRCA1/2 Focus Panel (Germline)
 BRCA1 Single Gene (Germline)
 BRCA2 Single Gene (Germline)
 Full Comprehensive Cancer Panel (Germline) (127 genes)
 Full Focus Cancer Panel (Germline) (30 genes)
 Testing performed by Fulgent Genetics. A signed Fulgent Genetics [Informed Consent for Genetic Testing](#) form is REQUIRED. See test in NeoGenomics' Test Directory at www.neogenomics.com to download form and please submit it with sample.

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.

Test Descriptions

Please see complete test descriptions and all available tests at our website, www.neogenomics.com/test-menu.

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 \geq 2.0 and average HER2 copy number $<$ 4.0 signals/cell
- Group 3: HER2/CEP17 ratio $<$ 2.0 and average HER2 copy number \geq 6.0 signals/cell
- Group 4: HER2/CEP17 ratio $<$ 2.0 and average HER2 copy number \geq 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.

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 breast cancer, 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

FlexREPORT[®]

FlexREPORT can be ordered on any global or tech-only testing referred to NeoGenomics. This report template can be used to import data and images collected from testing performed outside of NeoGenomics, and incorporated into a one page summary report. Client logo and contact information will be in the header of the FlexREPORT.