Breast Cancer Test Requisition

Phone: 866.776.5907
Fax: 239.690.4237
neogenomics.com

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):
☐ 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 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): _____ ☐ ≤ 1 hour ☐ Unknown

Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown

Fixation duration (hours): _____ ☐ 6-72 hour ☐ 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

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.

☐ **Surgical Pathology Consult**
☐ 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 ☐

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

G	TF	TI***	
☐	☐	☐	Breast Tumor Profile
☐	N/A	☐	Precision Profile
☐	☐	☐	Discovery Profile* ☐ Opt out of HER2 IHC

Primary Tumor: ☐ Breast ☐ Lung ☐ Other

• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ **G** ☐ **T**
if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+

☐ Do Not Reflex 2+

☐ ☐ ☐ Other NeoTYPE: _____

FISH

G T

☐☐ HER2 Breast FISH ‡
- Reflex to HER2 IHC ☐**G-IA** ☐**T-IA** ☐**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+.

☐☐ Other FISH: _____

Molecular

☐ BRCA1/2 Mutation Analysis for Tumors
☐ EGFR
☐ Breast NGS Fusion Panel
☐ Other Molecular: _____

PIK3CA CDx Mutation Analysis by PCR: see website or contact Client Services for separate required order form.

Predictive / Recurrence Risk Profiles

☐ Breast Cancer Index® (BCI)‡
Prediction of likelihood of benefit from extended endocrine therapy and risk of late distant recurrence

IHC

G-IA	T-IA	T	
☐	☐	☐	ER/PgR/HER2**‡
☐	☐	☐	ER/PgR/HER2**/Ki67‡
☐	☐	☐	Individual Stains:

☐ER‡ ☐PgR‡ ☐HER2**‡ ☐Ki67‡

Reflex to HER2 Breast FISH‡ ☐ G ☐ T
if HER2 IHC is: ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+

**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 Breast FISH unless marked here:
☐ Do not reflex
☐*Reflex to PD-L1 22C3 FDA (KEYTRUDA®) for TNBC (Breast) if global ER/PgR/HER2 panel is negative

G T***

☐☐ p53
☐☐ PD-L1 22C3 FDA (KEYTRUDA®) for TNBC (Breast)‡
☐☐ PD-L1 LDT‡
☐☐ Other IHC: _____

***Tech-Only FDA PD-L1: Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test

FlexREPORT®

☐ Please add summary report.

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 ≥ 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.

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.

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