

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 #: _____
 By completing this section, 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
 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 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/Refractory Monitoring MRD

Bone Marrow Transplant (required information for Oncology Cytogenetics):

None Autologous Allogeneic Sex Mismatch

Consultation

COMPASS™ Comprehensive evaluation including morphology
 Blood and/or Bone Marrow

Paraffin block for Morphology to follow

COMPASS Select (Without morphology)

Blood and/or Bone Marrow – Morphology performed by client
 (Morphology report required. Please fax to avoid testing delays.)

Lymphoma Consult

Lymph Node/Tissue for Lymphoma*

*Split fresh specimens to RPMI and formalin

Paraffin block for Morphology to follow

A NeoGenomics pathologist will select medically necessary tests (with any exceptions noted or marked by the client) to provide comprehensive analysis and professional interpretation for the materials submitted.

Please attach CBC for Blood and Bone Marrow (required).

Do not add NGS Profile without prior approval

Flow Cytometry Please attach CBC with all flow requests on blood or bone marrow (required).

Follow-Up/Add-On panels are available in conjunction with, or after, a Main Panel result has been reported by NeoGenomics or client.

Diagnostic/Prognostic Panels

G T
 Standard L/L Panel (24 Markers)
 Extended L/L Panel (31 Markers)
 N/A CD4/CD8 Ratio for BAL
 High Sensitivity PNH
 T&B Tissue Panel
 TRBC1/T-Cell Lymphoma Companion

G - Global T - Tech-Only

Specimen Hold Option: Refrigerate and Hold

Tech-Only Opt Out Option: To avoid delay in patient care and as medically necessary for an individual patient, additional markers will be added by the flow lab when abnormal populations are detected. Please refer to NeoGenomics Flow Cytometry Guidelines for additional information on tech-only add-on medical necessity criteria.
 Tech-only clients may instruct NeoGenomics to not follow this stated criteria by checking this box.

FISH G - Global T - Tech-Only

Hematologic FISH Panels

G T	G T	G T
<input type="checkbox"/> Anaplastic Large Cell Lymphoma (ALCL)	<input type="checkbox"/> AML Favorable-Risk	<input type="checkbox"/> N/A High-Grade B-Cell Lymphoma Reflex Low-Grade/Small B-Cell Lymphoma
<input type="checkbox"/> ALL - Adult	<input type="checkbox"/> AML Non-Favorable Risk	<input type="checkbox"/> MDS Extended
<input type="checkbox"/> ALL - Pediatric	<input type="checkbox"/> CLL	<input type="checkbox"/> MDS Standard
<input type="checkbox"/> ALL, Ph-Like	<input type="checkbox"/> Eosinophilia	<input type="checkbox"/> MPN
<input type="checkbox"/> AML Standard	<input type="checkbox"/> High-Grade/Large B-Cell Lymphoma w/BCL6 (3q27), MYC (8q24), BCL2 (18q21)	<input type="checkbox"/> NHL
	<input type="checkbox"/> Add MYC/IgH/CEN8 t(8;14)	

Plasma Cell Myeloma Panels - Plasma Cell Enrichment will be performed on all bone marrow and blood samples having plasma cell FISH tests.

G T	G T
<input type="checkbox"/> Plasma Cell Myeloma - <input type="checkbox"/> Do not reflex to IgH Complex (applies to global only; tech-only will not reflex)	<input type="checkbox"/> Plasma Cell Myeloma IgH Complex
	<input type="checkbox"/> Plasma Cell Myeloma Prognostic Panel

Individual Probes

<input type="checkbox"/> 11q Aberration in NHL	<input type="checkbox"/> BCR/ABL1/ASS1 t(9;22)	<input type="checkbox"/> MYC/IgH/CEN8 t(8;14)
<input type="checkbox"/> 1p36 Deletion	<input type="checkbox"/> CDKN2A (p16) Deletion for ALL	<input type="checkbox"/> NUP98
<input type="checkbox"/> ALK for Lymphoma	<input type="checkbox"/> DUSP22-IRF4 Rearrangement	<input type="checkbox"/> TCL1 (14q32.1)
<input type="checkbox"/> BCL6/MYC t(3;8)	<input type="checkbox"/> IgH/MAFB t(14;20)	<input type="checkbox"/> TP63 Rearrangement
<input type="checkbox"/> BIRC3 (API2)/MALT1 t(11;18)	<input type="checkbox"/> JAK2 (9p24.1)	<input type="checkbox"/> PML/RARA t(15;17)
		<input type="checkbox"/> Other _____

Specimen Hold Option: Direct Harvest and Hold for FISH

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 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: _____

Bone Marrow [must provide CBC and Path Report]:
 Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____
 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.

Comments:

Cytogenetics

Oncology Chromosome Analysis
 Reflex to FISH if cytogenetics is normal (reflex FISH panel must be marked)
 Reflex to FISH if cytogenetics is incomplete (<20 metaphases)
 G T MDS Standard FISH
 G T MDS Extended FISH
 Other: _____

Specimen Hold Option: Culture and Hold (liquid samples & lymph nodes; n/a for solid tissues)

Molecular Genetics

<input type="checkbox"/> ABL1 Kinase Domain (Gleevec® resistance)*	<input type="checkbox"/> CEBPA Mutation Analysis	<input type="checkbox"/> MPL Mutation Analysis
<input type="checkbox"/> B-Cell Gene Rearrangement	<input type="checkbox"/> CXCR4 Mutation Analysis	<input type="checkbox"/> MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-13, CALR, & MPL*
<input type="checkbox"/> BCL2, t(14;18)	<input type="checkbox"/> FLT3 Mutation Analysis	<input type="checkbox"/> MYD88 Mutation Analysis
<input type="checkbox"/> BCR-ABL1 Standard p210, p190*	<input type="checkbox"/> IDH1/IDH2 by PCR*	<input type="checkbox"/> NPM1 Mutation Analysis
<input type="checkbox"/> BCR-ABL1 Standard p210, p190* with reflex to ABL1 Kinase Domain if positive	<input type="checkbox"/> IgH Clonality by NGS	<input type="checkbox"/> NPM1 MRD Analysis
<input type="checkbox"/> BCR-ABL1 Standard p210, p190* with reflex to BCR-ABL1 Non-Standard p230 if negative	<input type="checkbox"/> IgVH Mutation Analysis*	<input type="checkbox"/> PML - RARA, t(15;17)*
<input type="checkbox"/> BCR-ABL1 Non-Standard p230*	<input type="checkbox"/> inv(16) CBFB-MYH11*	<input type="checkbox"/> Rapid AML Therapeutic Panel
<input type="checkbox"/> BRAF Mutation Analysis	<input type="checkbox"/> JAK2 V617F - Qualitative*	<input type="checkbox"/> RUNX1-RUNX1T1 (AML1-ETO), t(8;21)*
<input type="checkbox"/> BTK Inhibitor Acquired Resistance Panel¹	<input type="checkbox"/> If negative, reflex to JAK2 Exon 12-13	<input type="checkbox"/> T-Cell Receptor Gamma
<input type="checkbox"/> Calreticulin (CALR)	<input type="checkbox"/> If negative, reflex to CALR	<input type="checkbox"/> T-Cell Receptor Beta
<input type="checkbox"/> CCND1 (BCL1, t(11;14))	<input type="checkbox"/> If negative, reflex to MPL	<input type="checkbox"/> TP53 Mutation Analysis
	<input type="checkbox"/> JAK2 V617F - Quantitative	<input type="checkbox"/> Other _____
	<input type="checkbox"/> JAK2 Exon 12-13*	
	<input type="checkbox"/> KIT (c-KIT) Mutation Analysis	

Specimen Hold Options: Freeze & Hold Extract and Hold for possible _____
 If no Possible test is indicated for Extract and Hold option, then Freeze and Hold option will be automatically selected. *Test is not validated for Freeze & Hold option.

NeoTYPE Cancer Profiles G - Global T - with Tech-Only FISH

G T	G T
<input type="checkbox"/> N/A AITL/Peripheral T-Cell Lymphoma	<input type="checkbox"/> N/A Discovery Profile for Hematologic Cancers
<input type="checkbox"/> ALL Profile	<input type="checkbox"/> Follicular Lymphoma Profile
<input type="checkbox"/> N/A AML Prognostic Profile	<input type="checkbox"/> N/A Lymphoid Disorders Profile
<input type="checkbox"/> N/A AML Prognostic Profile + FLT3 by PCR*	<input type="checkbox"/> N/A Lymphoma Profile
<input type="checkbox"/> CLL Profile	<input type="checkbox"/> N/A MDS/CMML Profile
<input type="checkbox"/> Add IgVH Mutation Analysis	<input type="checkbox"/> N/A MDS/CMML Profile + FLT3 by PCR*
<input type="checkbox"/> N/A Comprehensive - Myeloid Disorders	<input type="checkbox"/> N/A Myeloid Disorders Profile
<input type="checkbox"/> N/A Comprehensive - Myeloid Disorders + FLT3 by PCR*	<input type="checkbox"/> N/A Myeloid Disorders Profile + FLT3 by PCR*

*Please see back page for detailed info on Intended Use and Billing for FLT3 by PCR

FlexREPORT™

FlexREPORT: Please add summary report option to this case.

Specimen Requirements

Refrigerate specimen if not shipping immediately and use cool pack during transport. Please call the 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.

Additional Specimen Information

If submitting multiple blocks, clients 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 to without a selection, they will be held until clarification is provided. Please call the Client Services Team with any questions regarding specimen information.

Specimen Hold Option Descriptions

To preserve the integrity of samples and avoid unnecessary testing, NeoGenomics Laboratories offers the option of processing samples to maintain specimen integrity for extended periods, without a test order. Any hold order will result in billed charges to the ordering client if testing is not ordered/performed. Specimen Hold Options include:

FISH: Direct Harvest and Hold: FISH specimens will be minimally processed and directly harvested while the cells are still viable. Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Flow Cytometry: Refrigerate and Hold: Flow cytometry samples will be refrigerated and retained for 28 days, however, optimal stability is within 72 hours of draw.

Molecular Testing: Freeze and Hold: Molecular samples will be isolated, preserved using a freezing mix, and stored in a freezer. **Use this option when it is uncertain which test(s) may be added.** Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Extract Nucleic Acid and Hold: Nucleic acid (DNA or RNA) will be isolated from viable cells and stored in a freezer. **Use this option when it is known which test(s) may be added and make note of which possible tests on test requisition.** Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

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.

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.

FISH

Plasma cell myeloma FISH panels: Plasma cell enrichment will be performed on bone marrow and blood samples having plasma cell FISH. Sample should be received at NeoGenomics Laboratories within 72 hours of collection.

FLT3 Testing with NeoTYPE profiles

The FLT3 Mutation Analysis test is available as client-bill only when ordered with NeoTYPE. The Molecular case reports separately from the NeoTYPE Profile (which also includes FLT3 gene by NGS) for the purpose of prompt therapy selection in patients with a *new* diagnosis of AML.