Hematopathology 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: _____ **NPI #:** _____
(please print: Last, First):
Treating Oncologist/Physician: _____ **NPI #:** _____
(please print: Last, First):

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

Patient Information

Last Name: _____ ☐ **Male** ☐ **Female**
First Name: _____ **M.I.** _____ Medical Record #: _____
Date of Birth: mm _____ / dd _____ / yyyy _____ Other Pt ID/Acct #: _____
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: _____

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

Add-On Tubes

G	T	
☐	☐	AML
☐	☐	B-ALL
☐	☐	CLL/Mantle Cell Companion
☐	☐	Erythroid-Mega
☐	☐	Hairy Cell
☐	☐	Mast Cell
☐	☐	Plasma Cell
☐	☐	T-ALL
☐	☐	TRBC1/LGL

Follow-Up Panels

G	T	
☐	☐	AML
N/A	☐	B-ALL
☐	☐	Hairy Cell
☐	☐	Plasma Cell
☐	☐	T-ALL

MRD Panels
☐ N/A B-ALL MRD Panel (BM)
☐ N/A B-ALL MRD Panel (PB)
☐ N/A CLL MRD Panel
☐ N/A Myeloma (MM) MRD Panel

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

HemeFISH® Panels

G	T	
☐	☐	Anaplastic Large Cell Lymphoma (ALCL)
☐	☐	ALL - Adult
☐	☐	ALL - Pediatric
☐	☐	ALL, Ph-Like
☐	☐	AML Standard
☐	☐	AML Favorable-Risk
☐	☐	AML Non-Favorable Risk
☐	☐	CLL
☐	☐	Eosinophilia
☐	☐	High-Grade/Large B-Cell Lymphoma
	☐	Reflex to BCL6/MYC, IGK/MYC, IGL/MYC if MYC+ and IGH/MYC-
☐	N/A	High-Grade B-Cell Lymphoma Reflex
☐	☐	Low-Grade/Small B-Cell Lymphoma
☐	☐	MDS Extended
☐	☐	MDS Standard
☐	☐	MPN
☐	☐	NHL

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

G	T		G	T	
☐	☐	Plasma Cell Myeloma - ☐ Do not reflex to IgH Complex (applies to global only; tech-only will not reflex)	☐	☐	Plasma Cell Myeloma IgH Complex
			☐	☐	Plasma Cell Myeloma Prognostic Panel

Individual Probes

G	T				
☐	☐	11q Aberration in NHL	☐	☐	CDKN2A (p16) Deletion for ALL
☐	☐	1p36 Deletion	☐	☐	DUSP22-IRF4 Rearrangement
☐	☐	ALK for Lymphoma	☐	☐	IgH/MAFB t(14;20)
☐	☐	BCL6/MYC t(3;8)	☐	☐	IGK/MYC t(2;8)
☐	☐	BIRC3 (API2)/MALT1 t(11;18)	☐	☐	IGL/MYC t(8;22)
☐	☐	BCR/ABL1/ASS1 t(9;22)	☐	☐	JAK2 (9p24.1)
☐	☐	MYC/IgH/CEN8 t(8;14)			
☐	☐	NUP98			
☐	☐	TCL1 (14q32.1)			
☐	☐	TP63 Rearrangement			
☐	☐	PML/RARA t(15;17)			
☐	☐	Other _____			

Specimen Hold Option: ☐ Direct Harvest and Hold ☐ Plasma Cell Enrichment and Hold

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
☐ Follow-up Constitutional Chromosome Analysis (only if recommended by Oncology Chromosome Analysis)
☐ Other: _____

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

Molecular Genetics

☐ ABL1 Kinase Domain (Gleevec® resistance)*
☐ B-Cell Gene Rearrangement
☐ BCR-ABL1 Standard p210, p190*
☐ BCR-ABL1 Standard p210, p190* with **reflex to ABL1 Kinase Domain if positive**
☐ BCR-ABL1 Standard p210, p190* with **reflex to BCR-ABL1 Non-Standard p230 if negative**
☐ BCR-ABL1 Non-Standard p230*
☐ BRAF Mutation Analysis
☐ BTK Inhibitor Acquired Resistance Panel
☐ Calreticulin (CALR)†
☐ CEBPA Mutation Analysis
☐ CXCR4 Mutation Analysis
☐ FLT3 Mutation Analysis
☐ IDH1/IDH2 by PCR
☐ IgH Clonality by NGS
• Baseline testing of original primary sample required
☐ IgVH Mutation Analysis*
☐ inv(16) CBFB-MYH11*
☐ JAK2 V617F - Qualitative*
☐ If negative, reflex to JAK2 Exon 12-13
☐ If negative, reflex to CALR
☐ If negative, reflex to MPL
☐ JAK2 V617F - Quantitative
☐ JAK2 Exon 12-13*
☐ KIT (c-KIT) Mutation Analysis
☐ MPL Mutation Analysis
☐ MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-13, CALR, & MPL†
☐ MYD88 Mutation Analysis
☐ NPM1 Mutation Analysis
☐ NPM1 MRD Analysis
☐ PML- RARA, t(15;17)*
☐ Rapid AML Therapeutic Panel
☐ Molecular only
☐ RUNX1-RUNX1T1 (AML1-ETO), t(8;21)*
☐ T-Cell Receptor Gamma
☐ T-Cell Receptor Beta
☐ TP53 Mutation Analysis
☐ Other _____

Specimen Hold Options: ☐ Extract & Hold - DNA ☐ Extract & Hold - RNA

*** Test is RNA-based.**
† Test is both DNA- and RNA-based

NeoTYPE® and Neo Comprehensive™ Cancer Profiles

G - Global **T** - with Tech-Only FISH

G	T		G	T	
☐	N/A	AITL/Peripheral T-Cell Lymphoma	☐	☐	Follicular Lymphoma Profile
☐	☐	ALL Profile	☐	N/A	Lymphoid Disorders Profile
☐	N/A	AML Prognostic Profile	☐	N/A	Lymphoma Profile
☐	N/A	AML Prognostic Profile **+ FLT3 by PCR***	☐	N/A	MDS/CMML Profile
☐	☐	CLL Profile	☐	N/A	MDS/CMML Profile **+ FLT3 by PCR***
		☐ Add IgVH Mutation Analysis			
☐	N/A	Neo Comprehensive – Heme Cancers			
☐	N/A	Neo Comprehensive – Heme Cancers **+ FLT3 by PCR***			
☐	N/A	Neo Comprehensive – Myeloid Disorders			
☐	N/A	Neo Comprehensive – Myeloid Disorders **+ FLT3 by PCR***			

Specimen Hold Option: ☐ Extract & Hold - TNA (all tests are TNA-based)

***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 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.

Plasma Cell Enrichment and Hold: Plasma cells will be isolated for bone marrow specimens. Sample should be received at NeoGenomics Laboratories within 72 hours of collection. 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 collection.

Molecular Testing: Extract Nucleic Acid and Hold: Nucleic acid (DNA **or** RNA **or** TNA) will be isolated from viable cells and stored in a freezer. **Use this option when it is known 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.

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 samples having plasma cell FISH. Sample should be received at NeoGenomics Laboratories within 72 hours of collection.

FLT3 Testing with NeoTYPE and Neo Comprehensive profiles

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