

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)
 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 card for both primary and secondary insurance.
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 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 IV Note: _____

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. Performed on FFPE only.
 Surgical Pathology Consult (FFPE only) Add NeoTYPE[®] Profile if indicated
Differential Diagnosis: _____

Image Analysis/Semi-Quantitative IHC

G-IA	T-IA	T-SQnt	G-IA	T-IA	T-SQnt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MLH1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ER ⁺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MSH2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HER2 Breast ^{***}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MSH6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ki67 ⁺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PMS2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PgR			

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

Semi-Quantitative

G T	G T	G T
<input type="checkbox"/> BRCA1	<input type="checkbox"/> pAKT	<input type="checkbox"/> PD-L1 28-8
<input type="checkbox"/> cMET	<input type="checkbox"/> PD-L1 22C3 FDA	<input type="checkbox"/> (OPDIVO) [†] for
<input type="checkbox"/> EGFR	<input type="checkbox"/> for NSCLC ^{**}	<input type="checkbox"/> Gastric/ GEJ/EAC ^{**}
<input type="checkbox"/> ERCC1	<input type="checkbox"/> PD-L1 22C3 FDA (KEYTRUDA) ^{**}	<input type="checkbox"/> PD-L1 SP263 FDA
<input type="checkbox"/> FOLR1 ⁺	<input type="checkbox"/> Cervical	<input type="checkbox"/> for NSCLC ^{**}
<input type="checkbox"/> HER2 Gastric/GEA ^{**}	<input type="checkbox"/> ESCC (Esophageal)	<input type="checkbox"/> PD-L1 LDT ^{**}
<input type="checkbox"/> HER2 (Other) ^{**}	<input type="checkbox"/> Gastric/GEA	<input type="checkbox"/> pHistone H3 (PHH3)
<input type="checkbox"/> Breast Scoring (Default)	<input type="checkbox"/> HNSCC (Head & Neck)	<input type="checkbox"/> PTEN
<input type="checkbox"/> or	<input type="checkbox"/> TNBC (Breast)	<input type="checkbox"/> Retinoblastoma
<input type="checkbox"/> Gastric Scoring	<input type="checkbox"/> PD-L1 SP142 FDA (TECENTRIQ) ^{**}	<input type="checkbox"/> Protein (RB)
<input type="checkbox"/> Ki67 NET	<input type="checkbox"/> NSCLC	<input type="checkbox"/> RRM1
<input type="checkbox"/> p53	<input type="checkbox"/> PD-L1 28-8 FDA	<input type="checkbox"/> Thymidylate
	<input type="checkbox"/> for NSCLC ^{**}	<input type="checkbox"/> Synthase

***Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test.**

Qualitative

G T	G T	G T
<input type="checkbox"/> ALK, D5F3	<input type="checkbox"/> N/A Amyloid A&P Panel	<input type="checkbox"/> Gastrin
<input type="checkbox"/> (lung, FDA) ⁺	<input type="checkbox"/> (global only) [*]	<input type="checkbox"/> N/A Pan-TRK ⁺
N/A <input type="checkbox"/> Amyloid A	<input type="checkbox"/> BRAF V600E	<input type="checkbox"/> p16
N/A <input type="checkbox"/> Amyloid P	<input type="checkbox"/> (non-heme) ⁺	<input type="checkbox"/> ROS1 ⁺

***Congo Red slide must accompany sample OR order Consult**

Infectious Disease

G T	G T	G T
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> Hep B Core Antigen	<input type="checkbox"/> Pneumocystis Carinii (Jiroveci)
<input type="checkbox"/> AFB	<input type="checkbox"/> Hep B Surface Antigen	<input type="checkbox"/> Spirochete
<input type="checkbox"/> CMV (IHC)	<input type="checkbox"/> HHV8	<input type="checkbox"/> Toxoplasma
N/A <input type="checkbox"/> EBV (LMP1)	<input type="checkbox"/> HSV I/II	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Fite	<input type="checkbox"/> Parvovirus	<input type="checkbox"/> Varicella Zoster Virus (VZV)
<input type="checkbox"/> GMS	<input type="checkbox"/> Periodic Acid Schiff for Fungus (PASf)	
<input type="checkbox"/> Gram Stain		
<input type="checkbox"/> H. Pylori		

Tech-Only Qualitative IHC/ISH/Special Stains

<input type="checkbox"/> AAT	<input type="checkbox"/> CD15	<input type="checkbox"/> CXCL13
<input type="checkbox"/> ACTH	<input type="checkbox"/> CD19	<input type="checkbox"/> D240
<input type="checkbox"/> AFP	<input type="checkbox"/> CD20 ⁺	<input type="checkbox"/> DBA.44
<input type="checkbox"/> ALK-1 (Heme)	<input type="checkbox"/> CD21	<input type="checkbox"/> Desmin
<input type="checkbox"/> Annexin A1	<input type="checkbox"/> CD22	<input type="checkbox"/> DOG1
<input type="checkbox"/> AR	<input type="checkbox"/> CD23	<input type="checkbox"/> DPC4
<input type="checkbox"/> Arginase 1	<input type="checkbox"/> CD25	<input type="checkbox"/> EBV (LMP1)
<input type="checkbox"/> ATRX	<input type="checkbox"/> CD30 ⁺	<input type="checkbox"/> E-Cadherin
<input type="checkbox"/> B72.3	<input type="checkbox"/> CD31	<input type="checkbox"/> EMA
<input type="checkbox"/> BAP1	<input type="checkbox"/> CD33	<input type="checkbox"/> ER
<input type="checkbox"/> BCL1/Cyclin D1	<input type="checkbox"/> CD34	<input type="checkbox"/> ERG
<input type="checkbox"/> BCL1/Cyclin D1 (carcinoma)	<input type="checkbox"/> CD35	<input type="checkbox"/> Factor VIII RA
<input type="checkbox"/> BCL2	<input type="checkbox"/> CD38 ⁺	<input type="checkbox"/> Factor XIIIa
<input type="checkbox"/> BCL2 (carcinoma)	<input type="checkbox"/> CD42b	<input type="checkbox"/> Fascin
<input type="checkbox"/> BCL6	<input type="checkbox"/> CD43	<input type="checkbox"/> Fil-1
<input type="checkbox"/> BCL10	<input type="checkbox"/> CD44	<input type="checkbox"/> FOXP1
<input type="checkbox"/> BerEP4	<input type="checkbox"/> CD45 (LCA)	<input type="checkbox"/> FSH
<input type="checkbox"/> Beta Catenin	<input type="checkbox"/> CD56	<input type="checkbox"/> Galactin 3
<input type="checkbox"/> BOB1	<input type="checkbox"/> CD57	<input type="checkbox"/> GATA3
<input type="checkbox"/> BRAF V600E ⁺	<input type="checkbox"/> CD61	<input type="checkbox"/> GCDFP15
<input type="checkbox"/> Breast Triple Stain (CK5+p63+CK 8/18)	<input type="checkbox"/> CD68	<input type="checkbox"/> GCET1
<input type="checkbox"/> BRG1 (SMARCA4)	<input type="checkbox"/> CD71	<input type="checkbox"/> GFAP
<input type="checkbox"/> CA19.9	<input type="checkbox"/> CD79a	<input type="checkbox"/> GH
<input type="checkbox"/> CA125	<input type="checkbox"/> CD99	<input type="checkbox"/> Glutamine Synthetase
<input type="checkbox"/> Calcitonin	<input type="checkbox"/> CD103	<input type="checkbox"/> GLUT1
<input type="checkbox"/> Caldesmon	<input type="checkbox"/> CD117 cKIT	<input type="checkbox"/> Glycophorin A
<input type="checkbox"/> Calponin	<input type="checkbox"/> CD117 cKIT (Melanoma)	<input type="checkbox"/> Glypican-3
<input type="checkbox"/> Calretinin	<input type="checkbox"/> CD123	<input type="checkbox"/> Granzyme B
<input type="checkbox"/> CAM 5.2	<input type="checkbox"/> CD138	<input type="checkbox"/> H3K27me3
<input type="checkbox"/> Carbonic Anhydrase IX (CA IX)	<input type="checkbox"/> CD163	<input type="checkbox"/> HBME1
<input type="checkbox"/> Carcinoma Micromets (levels with AE1/AE3)	<input type="checkbox"/> CDK4	<input type="checkbox"/> HCG Beta
<input type="checkbox"/> CD1a	<input type="checkbox"/> CDX2	<input type="checkbox"/> HepPar1
<input type="checkbox"/> CD2	<input type="checkbox"/> CDX2/CK7 Double Stain	<input type="checkbox"/> HGAL
<input type="checkbox"/> CD3	<input type="checkbox"/> CEA (Mono)	<input type="checkbox"/> HMB45
<input type="checkbox"/> CD4	<input type="checkbox"/> CEA (Poly)	<input type="checkbox"/> HPL
<input type="checkbox"/> CD5	<input type="checkbox"/> Chromogranin A	<input type="checkbox"/> ICOS
<input type="checkbox"/> CD7	<input type="checkbox"/> CK 5/6	<input type="checkbox"/> ICOS (non-heme)
<input type="checkbox"/> CD8	<input type="checkbox"/> CK 7	<input type="checkbox"/> IDH1 ⁺
<input type="checkbox"/> CD10	<input type="checkbox"/> CK 14	<input type="checkbox"/> IgA
<input type="checkbox"/> CD11c	<input type="checkbox"/> CK 17	<input type="checkbox"/> IgD
<input type="checkbox"/> CD14	<input type="checkbox"/> CK 18	<input type="checkbox"/> IgG
	<input type="checkbox"/> CK 19	<input type="checkbox"/> IgG4
	<input type="checkbox"/> CK 20	<input type="checkbox"/> IgM
	<input type="checkbox"/> CK HMW (CK903/34pBE12)	<input type="checkbox"/> Inhibin
	<input type="checkbox"/> CK HMW/LMW Double Stain	<input type="checkbox"/> INI1
	<input type="checkbox"/> CK OSCAR	<input type="checkbox"/> INSM1
	<input type="checkbox"/> cMyc	<input type="checkbox"/> Kappa/Lambda IHC
	<input type="checkbox"/> Collagen IV	<input type="checkbox"/> Ki67
		<input type="checkbox"/> Langerin
		<input type="checkbox"/> LEF1
		<input type="checkbox"/> LH

Patient Information

Last Name: _____ Male Female
 First Name: _____ M.I. _____ Other Pt ID/Acct #: _____
 Date of Birth: mm _____ / dd _____ / yyyy _____ Medical Record #: _____
By completing this section, 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: _____
 FNA cell block: _____
 Smears: Air Dried _____ Fixed _____ Stained (type of stain) _____
 Slides # _____ Unstained _____ Stained _____ H&E _____
 Paraffin Block(s) #: _____ **Perform IHC testing on all blocks, unless otherwise noted.**
For all other testing, specify which block to use for each if sending multiple blocks. See back for details.
Predictive Marker Fixation (CAP/ASCO Requirement):
**Indicated markers/panels/profiles require fixation information*
 Cold ischemic duration (mins): _____ ≤ 1 hour Unknown
 Fixative: 10% NBF Other: _____ Unknown
 Fixation duration (hours): _____ 6-72 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

Bold indicates global prognostic interpretation is available.
 Check here to add

Special Stains

G T
N/A <input type="checkbox"/> Alcian Blue
<input type="checkbox"/> Calcium Stain
N/A <input type="checkbox"/> Colloidal Iron
N/A <input type="checkbox"/> Congo Red
N/A <input type="checkbox"/> Copper Stain
N/A <input type="checkbox"/> Elastic Stain
N/A <input type="checkbox"/> Fontana Masson
N/A <input type="checkbox"/> Iron
N/A <input type="checkbox"/> Mucicarmine
N/A <input type="checkbox"/> PAS
N/A <input type="checkbox"/> PASD
<input type="checkbox"/> Periodic Acid Schiff with Digestion (PASD+PAS)
N/A <input type="checkbox"/> Reticulin
N/A <input type="checkbox"/> Trichrome
N/A <input type="checkbox"/> Wright Giemsa

In-Situ Hybridization

G T
N/A <input type="checkbox"/> Albumin RNA ISH
<input type="checkbox"/> CMV ISH
<input type="checkbox"/> EBER ISH
<input type="checkbox"/> N/A HPV RNA ISH Panel (Complete)
<input type="checkbox"/> N/A HPV RNA ISH 16/18 High Risk
<input type="checkbox"/> N/A HPV RNA ISH High Risk Cocktail
<input type="checkbox"/> N/A HPV RNA ISH Low Risk Cocktail
N/A <input type="checkbox"/> Kappa/Lambda ISH
Other: _____

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.

Additional Specimen Information

If submitting multiple blocks, clients must indicate either "Choose best block (global molecular/NGS testing only)", "Perform IHC testing on all blocks", 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 Client Services team with any questions regarding specimen information.

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.