

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: _____

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]:

Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____

Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____

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: _____

Required Items

Patient Demographics

Copy of Insurance Card

CBC Within Last 30 Days

Pathology Report

Clinical History

Relevant Treatment History

Billing Information

Required: Please include face sheet and front/back of patient's insurance card.

Specimen Origin (Must Choose 1):

Non-Hospital Patient

Hospital Patient (in)

Hospital Patient (out)

See back for definitions.

Bill to: Insurance Patient/Self-Pay

Medicare Medicaid Client Bill

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

None Autologous Allogeneic Sex Mismatch

Consultation

COMPASS® Comprehensive evaluation including morphology

Blood and/or Bone Marrow

Paraffin block for Morphology to follow

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

NeoTYPE® Cancer Profiles

AML Prognostic Profile

AML Prognostic Profile + FLT3 by PCR*

CLL Profile

Add IgVH Mutation Analysis

Comprehensive - Myeloid Disorders

Comprehensive - Myeloid Disorders

+ FLT3 by PCR*

Discovery Profile for Hematologic Cancers

Lymphoid Disorders Profile

MDS/CMML Profile

MDS/CMML Profile + FLT3 by PCR*

Myeloid Disorders Profile

Myeloid Disorders Profile + FLT3 by PCR*

*Note: 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.

Molecular Genetics

ABL1 Kinase Domain

B-Cell Gene Rearrangement

BCR-ABL1 Standard p210, p190

BRAF Mutation Analysis

Calreticulin (CALR)

FLT3 Mutation Analysis

IDH1/IDH2 by PCR

IgVH Mutation Analysis

JAK2 Exon 12-13

JAK2 V617F - Qualitative

Reflex to JAK2 Exon 12-13, if negative

Reflex to CALR, if negative

Reflex to MPL, if negative

JAK2 V617F - Quantitative

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

T-Cell Receptor Gamma

T-Cell Receptor Beta

Other _____

Cytogenetics

Oncology Chromosome Analysis

Reflex to FISH if cytogenetics is normal (reflex FISH panel must be selected)

Reflex to FISH if cytogenetics is incomplete (<20 metaphases)

MDS Standard FISH

MDS Extended FISH

Other: _____

FISH

Anaplastic Large Cell Lymphoma (ALCL)

ALL - Adult

ALL - Pediatric

B-ALL, Ph-Like

AML Standard

AML Non-Favorable Risk

BCR/ABL1/ASS1 t(9;22)

CLL

Eosinophilia

High-Grade/Large B-Cell Lymphoma

w/BCL6 (3q27), MYC (8q24), BCL2 (18q21)

Add MYC/IgH/CEN8 t(8;14)

High-Grade B-Cell Lymphoma Reflex

Low-Grade/Small B-Cell Lymphoma

MDS Extended

MDS Standard

MPN

NHL

Plasma Cell Myeloma

Do not reflex to IgH Complex

Plasma Cell Myeloma IgH Complex

Plasma Cell Myeloma Prognostic Panel

Other _____

Other _____

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

Morphology

Blood and/or Bone Marrow

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.

Definitions of Patient Status for Specimen Origin

Non-Hospital Patient: Patient is not registered at a hospital (neither an in-patient nor out-patient)

Hospital Patient (in): Patient is registered and admitted to a hospital overnight

Hospital Patient (out): Patient is registered and admitted to a hospital, then discharged before the end of the day

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.

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.