

Client Information

Required Information

Account #: _____ Account Name: _____

Street Address: _____

City, ST, ZIP: _____

Phone: _____ 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.

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 the 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 In Remission Monitoring

Staging: 0 I II III IIIA IIIB IV Note: _____

Reflex options are available with global test orders only. Tech-only clients must use the test add-on process.

Consultation

A NeoGenomics pathologist will select medically necessary tests to provide comprehensive analysis and professional interpretation for the materials submitted.

Surgical Pathology Consult (FPPE Only)

Add NGS Tumor Profile if indicated

Differential Diagnosis: _____

Brain Cancer

G **T** 1p/19q Deletion (FISH)

G **T** BRAF (FISH)

G **T** CDKN2A (p16) Deletion for Mesothelioma or Glioma (FISH)

G **T** EGFR Amplification (FISH)

G **T** N-MYC Amplification (FISH)

G **T** PDGFRA Amplification (FISH)

G **T** PTEN (FISH)

Breast Cancer

G-I-A T-IA T

ER/PgR/HER2**

ER/PgR/HER2**/Ki67

ER/PgR/HER2**/Ki67/p53

Individual Stains:

ER PgR HER2** Ki67 p53

• Reflex to HER2 Breast FISH **G** **T** if global

HER2 IHC is: 0 1+ 2+** 3+

* Reflex to global PD-L1 SP142 TNBC if global ER/PgR/

HER2 panel is negative

**For global HER2 IHC with result 2+, NeoGenomics

will add global HER2 Breast FISH unless marked here:

Do not reflex 2+

G T

N/A EGFR (Molecular)

HER2 Breast FISH

• Reflex to HER2 IHC **G-I-A** **T-IA** **T** if global

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+.

N/A TOP2A (FISH)

PIK3CA CD: see website for required order form

Breast Cancer Index® (BCI): see Breast Cancer Test Req.

Head and Neck Cancer

G **T** p16 (IHC) **G** **T** EBER (ISH)

HER2 (Except Breast)

G T

HER2 Gastric/GEA (IHC)

• Reflex to HER2 Gastric/GEA (FISH) **G** **T**

if global HER2 IHC is: 0 1+ 2+** 3+

HER2 Gastric/GEA (FISH)

HER2 (Other) IHC- Breast Scoring (Default)

or Gastric Scoring

• Reflex to HER2 (Other) FISH **G** **T** if

global HER2 IHC is: 0 1+ 2+** 3+

HER2 (Other) FISH- Breast Scoring (Default)

or Gastric Scoring

**For global HER2 IHC with result 2+, NeoGenomics

will add global HER2 FISH unless marked here:

Do Not Reflex 2+

HER2 Colorectal (IHC)

• Reflex to HER2 Colorectal (FISH) **G** **T** if

global HER2 is 3+ in ≥ 50% cells

• Reflex to HER2 Colorectal (FISH) **T** if

HER2 IHC is 3+ in 11-49% and/or 2+ in ≥

50% cells*

• Reflex to HER2 Colorectal (FISH) **G** **T** if

global HER2 is 0/1+

*For global HER2 IHC w/results 3+ in 11-49% and/or 2+

in ≥ 50% cells, NeoGenomics will add global HER2 FISH,

unless Tech reflex option(s) are marked or "Do Not Reflex"

is marked here: Do Not Reflex

HER2 Colorectal (FISH)

HER2 Colorectal (FISH)

Sarcoma

G **T** DDIT3 (CHOP) (FISH)

G **T** EVSR1 (FISH)

G **T** MDM2 (FISH)

G **T** SS18 (SYT) (FISH)

Colon Cancer & Lynch Syndrome

Mismatch Repair/MMR (IHC)

G-I-A **T-IA** **T-SQnt** **T-Qual**

Reflex to BRAF (Molecular) if global MLH1

(IHC) is not expressed

Reflex MMR to _____ if MMR _____

MSI (Molecular) - NOTE: Non-tumor tissue also

required; please see website.

• Reflex to MMR (IHC) if MSI is high

G-I-A **T-IA** **T-SQnt** **T-Qual**

Reflex to BRAF (Molecular) if global

MLH1 is not expressed

BRAF (Molecular)

KRAS (Exons 2-4)

NRAS (Exons 2-4)

Test4TRK Sponsored Testing Program:

separate requisition required, see website.

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: _____

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 (global testing only)

Perform tests on all blocks

Breast Marker & Gastric/GEA HER2 Fixation (CAP/ASCO Requirement)

Cold ischemic time ≤ 1 hour: Yes No Unknown

10% neutral buffered formalin: Yes No Unknown

HER2/ER/PgR Fixation duration 6 to 72 hours: Yes No 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

Thyroid Cancer

G T

BRAF (Molecular)

KRAS

Test4TRK Sponsored Testing Program:

separate requisition required, see website.

NGS Tumor Profiling

New York RAS/RAF Panel

New York Lung Targeted Profile* (Mol.)

Add ALK/RET/ROS1 FISH & PD-L1

22C3 IHC (global)

New York Melanoma Targeted Profile

NexCourse® Complete*

*EGFR PCR will be added to lung specimens

submitted for this Profile if insufficient for NGS.

Lung Cancer

G T

ALK, D5F3 IHC (lung, FDA)

CDKN2A (p16) Deletion for Mesothelioma

or Glioma (FISH)

cMet IHC

ROS1 IHC

ALK Lung FISH:

• Reflex to ROS1 FISH if global ALK FISH

is negative **G** **T**

N/A BRAF (Molecular)

N/A EGFR (Molecular including T790M):

• Reflex to ALK Lung FISH if EGFR

is negative **G** **T**

- Reflex to ROS1 FISH if global ALK

Lung FISH is negative **G** **T**

• Reflex to concurrent ALK/ROS1 FISH

if EGFR is negative **G** **T**

N/A KRAS (includes G12C mutation)

• Reflex to concurrent

EGFR (Mol)+ALK/ROS1 FISH

if KRAS negative **G** **T**

MET FISH

RET FISH

ROS1 FISH

Other: _____

WRITE-IN

Any testing ordered in the Write-In section will be sent to a reference laboratory that has NY licensure to

perform requested testing. NeoGenomics will facilitate logistics on behalf of the client.

If ordered in conjunction with testing that NeoGenomics has NY licensure to perform, the NeoGenomics testing

will be prioritized, and remaining sample will be forwarded to a reference lab that has NY licensure to perform

the remaining requested testing.

Other: _____

Melanoma

G T

BRAF (Molecular)

KRAS

Test4TRK Sponsored Testing Program:

separate requisition required, see website.

Bladder Cancer

G T

Bladder Cancer (FISH)

N/A FGFR Cdx Molecular Analysis

Molar Pregnancy

p57 (IHC, tech-only)

Ki67 (IHC, tech-only)

PD-L1 IHC

G T

PD-L1 22C3 FDA (KEYTRUDA®)

Cervical

ESCC (Esophageal)

Gastric/GEA

HNSCC (Head & Neck)

NSCLC

TNBC (Breast)

Urothelial Carcinoma

PD-L1 28-8 FDA (OPDIVO® + YERVOY®)

NSCLC

PD-L1 28-8 FDA (OPDIVO®)

HNSCC, Urothelial Carcinoma

PD-L1 SP142 FDA (TECENTRIQ®)

NSCLC

TNBC (Breast)

Urothelial Carcinoma

PD-L1 SP263 FDA (IMFINZI®)

Urothelial Carcinoma

***Ordering Pathologist listed has received the required

competency training to perform the professional interpretation

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 1. 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 legally 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 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 \geq 2.0 and average HER2 copy number < 4.0 signals/cell
- Group 3: HER2/CEP17 ratio < 2.0 and average HER2 copy number \geq 6.0 signals/cell
- Group 4: HER2/CEP17 ratio < 2.0 and average HER2 copy number \geq 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.

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.