

**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):**  
 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 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/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

**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 Report]:**  
 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

**Morphology**

Blood and/or Bone Marrow

**NeoTYPE® Cancer Profiles**

<input type="checkbox"/> AITL/Peripheral T-Cell Lymphoma Profile	<input type="checkbox"/> Follicular Lymphoma Profile (FFPE only)
<input type="checkbox"/> ALL Profile	<input type="checkbox"/> Lymphoid Disorders Profile
<input type="checkbox"/> AML Prognostic Profile	<input type="checkbox"/> Lymphoma Profile
<input type="checkbox"/> AML Prognostic Profile + <b>FLT3 by PCR*</b>	<input type="checkbox"/> MDS/CMML Profile
<input type="checkbox"/> CLL Prognostic Profile	<input type="checkbox"/> MDS/CMML Profile + <b>FLT3 by PCR*</b>
<input type="checkbox"/> Discovery Profile for Hematologic Cancers	<input type="checkbox"/> Myeloid Disorders Profile
	<input type="checkbox"/> Myeloid Disorders Profile + <b>FLT3 by PCR*</b>

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

**Solid Tumor Liquid Biopsy**

**Special tubes and handling required. Please see website or call Client Services.**

NeoLAB® Solid Tumor Liquid Biopsy

InVisionFirst®-Lung: Separate Lung requisition is required. Visit neogenomics.com.  
 PIK3CA Mutation CDx - Plasma: call Client Services.  
 Staging:  0  I  II  III  IIIA  IIIB  IVC Other \_\_\_\_\_

**Flow Cytometry**

**Please attach CBC with all flow requests on blood (required).**

**Diagnostic/Prognostic Panels**

- Standard L/L Panel (24 Markers)
- Extended L/L Panel (31 Markers)
- CD52 Analysis
- High Sensitivity PNH

**MRD Panels**

- B-ALL MRD
- CLL MRD
- Myeloma (MM) MRD

**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 \_\_\_\_\_

**Molecular Genetics**

- ABL1 Kinase Domain (Gleevec® resistance)
- B-Cell Gene Rearrangement
- BCL2, t(14;18)
- 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
- BTK Inhibitor Acquired Resistance Panel
- Calreticulin (CALR) Mutation Analysis
- CCND1 (BCL1, t(11;14))
- CEBPA Mutation Analysis
- CXCR4 Mutation Analysis
- FLT3 Mutation Analysis
- IDH1 & IDH2
- IgH Clonality by NGS
  - Baseline testing of original primary sample required
- IgVH Mutation Analysis
- inv(16) CBFB-MYH11
- JAK2 Exon 12-13
- JAK2 V617F - Qualitative
  - If negative, reflex to JAK2 Exon 12-13
  - If negative, reflex to CALR
  - If negative, reflex to MPL
- JAK2 V617F - Quantitative
- KIT (c-KIT)
- MPL Mutation Analysis
- MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-13, CALR, & MPL
- MYD88 Mutation Analysis
- NPM1 MRD Analysis
- NPM1 Mutation Analysis
- PML - RARA, t(15;17)
- RUNX1-RUNX1T1 (AML1-ETO), t(8;21)
- STAT3 Mutation Analysis
- T-Cell Receptor Gamma
- T-Cell Receptor Beta
- TP53 Mutation Analysis
- Other \_\_\_\_\_

**FISH**

<input type="checkbox"/> Anaplastic Large Cell Lymphoma (ALCL)	<input type="checkbox"/> High-Grade B-Cell Lymphoma Reflex
<input type="checkbox"/> ALL - Adult	<input type="checkbox"/> Low-Grade/Small B-Cell Lymphoma
<input type="checkbox"/> ALL - Pediatric	<input type="checkbox"/> MDS Extended
<input type="checkbox"/> B-ALL, Ph-Like	<input type="checkbox"/> MDS Standard
<input type="checkbox"/> AML Standard	<input type="checkbox"/> MPN
<input type="checkbox"/> AML Non-Favorable Risk	<input type="checkbox"/> NHL
<input type="checkbox"/> BCR/ABL1/ASS1 t(9;22)	<input type="checkbox"/> Plasma Cell Myeloma
<input type="checkbox"/> CLL	<input type="checkbox"/> Do not reflex to IgH Complex
<input type="checkbox"/> Eosinophilia	<input type="checkbox"/> Plasma Cell Myeloma IgH Complex
<input type="checkbox"/> High-Grade/Large B-Cell Lymphoma w/BCL6 (3q27), MYC (8q24), BCL2 (18q21)	<input type="checkbox"/> Plasma Cell Myeloma Prognostic Panel
<input type="checkbox"/> Add MYC/IgH/CEN8 t(8;14)	<input type="checkbox"/> Other _____

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

## Specimen Requirements

**Liquid biopsy tests NeoLAB® Solid Tumor Liquid Biopsy:** Do not refrigerate. Special collection tubes and shipping requirements apply. Please contact Client Services for kits and see instructions provided in kit.

**All other tests:** 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 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.

## 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 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](http://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.

### 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.

### InVisionFirst®-Lung

InVisionFirst®-Lung liquid biopsy testing is performed by Invivata. See [www.neogenomics.com](http://www.neogenomics.com) for test details.

### 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.