

## 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.

## 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

## 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.  
 **Surgical Pathology Consult** (FPPE only)  
 Add NeoTYPE® Profile if indicated

## Differential Diagnosis:

## Bladder Cancer

**G T**  
  Bladder Cancer (FISH, urine only)  
 N/A FGFR CDx Molecular Analysis

## Brain Cancer

**G T**  
  1p/19q Deletion (FISH)  
 N/A ATRX (Molecular)  
 N/A ATRX (IHC)  
 N/A Beta Catenin (IHC)  
  BRAF (FISH)  
  BRAF V600E (IHC)  
  CDKN2A (p16) Deletion for Mesothelioma or Glioma (FISH)  
  EGFR Amplification (FISH)  
 N/A EGFRvIII (Molecular)  
 N/A IDH1 (IHC)  
 N/A IDH1/IDH2 (Molecular)  
  \*Ki67 (IHC)  
 N/A MGMT Promoter Methylation (Mol.)  
  N-MYC Amplification (FISH)  
  \*p53 (IHC)  
  PTEN (FISH)  
 N/A STAT6 (IHC)

\*Tech-only Ki67 and p53 will be performed w/o image analysis unless client requests.

## Breast Cancer

**G-IA 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 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 FISH unless marked here:  Do not reflex 2+  
**G T**  
  HER2 (FISH)  
 • Reflex to HER2 IHC  **G-IA**  **T-IA**  **T** if global HER2 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 Breast NGS Fusion Panel (Global Only)

**PIK3CA Mutation CDx:**  
 separate requisition required, see website.

## Colon Cancer & Lynch Syndrome

**MMR IHC**  **G-IA**  **T-IA**  **T-SQnt**  **T-Qual**  
 Reflex to BRAF (Molecular) if MLH1 IHC is not expressed  
 Reflex MMR to \_\_\_\_\_ if MMR \_\_\_\_\_  
 **Microsatellite Instability (MSI)** Non-tumor tissue required.  
 Reflex to MMR (IHC) if MSI is high  
 **G-IA**  **T-IA**  **T-SQnt**  **T-Qual**  
 Reflex to BRAF (Molecular) if MLH1 IHC is not expressed  
 RAS/RAF Panel (BRAF, HRAS, KRAS, NRAS)  
 BRAF (Molecular)  Reflex to MLH1 Promoter Methylation if BRAF neg.  
 KRAS (Exons 2-4)  
 NRAS (Exons 2-4)  
 MLH1 Promoter Methylation  
 Test4TRK Sponsored Testing Program: separate requisition required, see website.

## GI Cancer

KIT (Molecular)  PDGFRa (Molecular)

**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)  Gastric Scoring  
 • Reflex to HER2 (Other) FISH  **G**  **T** if global HER2 IHC is:  0  1+  2+\*\*  3+  
  HER2 (Other) FISH:  Breast Scoring (Default)  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 in 3+ in 11-49% and/or 2+ in ≥ 50% cells<sup>A</sup>  
 • Reflex to HER2 Colorectal (FISH)  **G**  **T** if global HER2 is 0/1+  
<sup>A</sup>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)

**Lung Cancer**  
**G T**  
  ALK, D5F3 IHC (Lung, FDA)  
  ALK Lung (FISH):  
 • Reflex to ROS1 (FISH) if global ALK is negative  **G**  **T**  
 N/A BRAF (Molecular)  
  CDKN2A (p16) Deletion for Mesothelioma or Glioma  
 N/A EGFR (Molecular, includes T790M):  
 • Reflex to ALK (FISH) if EGFR is negative  **G**  **T**  
 – Reflex to ROS1 (FISH) if ALK (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)  
 N/A MET Exon 14 Deletion (Molecular)  
  RET (FISH)  
  ROS1 (FISH)  
  ROS1 (IHC)

## Head and Neck Cancer

**G T**  
  p16 (IHC)  HPV DNA (Molecular)  
  EBER (ISH)

## Melanoma

**G T**  
  NeoSITE® Melanoma FISH  KIT (Mol.)  
 N/A BRAF (Mol.)  NRAS (Mol.)  
  ThxID® BRAF (Mol.)

## Molar Pregnancy

Molar Preg. Comprehensive Consultation (includes p57 IHC and Ploidy FISH)  Ki67 (IHC, tech-only)  
 p57 (IHC, tech-only)  Ploidy FISH for Molar Preg.  
 Chimerism/DNA Fingerprinting Analysis (Molecular)

## PD-L1 IHC

**G T\*\*\***  
**PD-L1 22C3 FDA (KEYTRUDA®)**  
  Cervical   HNSCC, Urothelial Carcinoma  
  ESCC (Esophageal)   HNSCC (Head & Neck)  
  Gastric/GEA   NSCLC  
  HNSCC (Breast)   TNBC (Breast)  
  Urothelial Carcinoma   Urothelial Carcinoma  
**PD-L1 28-8 FDA (OPDIVO®)**  
  NSCLC  
**PD-L1 SP142 FDA (TECENTRIQ®)**  
  NSCLC  
**PD-L1 SP263 FDA (IMFINZI®)**  
  Urothelial Carcinoma  
 \*\*\*Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test.

## Prostate Cancer

Androgen Receptor (Molecular)   PTEN (FISH)  
 HSD3B1 Genotyping

## Sarcoma

**FISH**  
**G T**   DDIT3 (CHOP)   MDM2   PDGFB Rearr  
  EWSR1   MYC Amp   SS18 (SYT)

## Thyroid Cancer

BRAF (Molecular)  NRAS  KRAS  
 Thyroid & Test4TRK Sponsored Testing Program: separate requisition required, see website.

## Other/Pan-Cancer Testing

**G T**  
  FGFR2 Rearr: FISH  
  NTRK 1,2,3 FISH  
 N/A Pan-TRK (IHC)  
 If IHC is expressed/equivocal:  
 Reflex to NTRK NGS Fusion Panel  
 • Reflex to NTRK 1, 2, 3 FISH  
  Other \_\_\_\_\_

**FlexREPORT™**  Please add summary report.

## 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](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.

### 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.