

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 #:** _____
 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 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 (for global molecular/NGS testing only)
 Submit ≤4 blocks. Blocks will be combined for molecular testing when necessary.
 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.
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

| | | |
|---|---|--|
| <p>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. <input type="checkbox"/> Surgical Pathology Consult (FFPE only) <input type="checkbox"/> Add NeoTYPE® Profile if indicated Differential Diagnosis: _____</p> | <p>Colon Cancer & Lynch Syndrome MMR IHC <input type="checkbox"/> G-IA <input type="checkbox"/> T-IA <input type="checkbox"/> T-SQnt <input type="checkbox"/> T-Qual <input type="checkbox"/> Reflex to BRAF (Mol.) if MLH1 IHC is not expressed <input type="checkbox"/> Reflex MMR to _____ if MMR _____ <input type="checkbox"/> Microsatellite Instability (MSI) Non-tumor tissue required. Reflex to MMR (IHC) if MSI is high <input type="checkbox"/> G-IA <input type="checkbox"/> T-IA <input type="checkbox"/> T-SQnt <input type="checkbox"/> T-Qual <input type="checkbox"/> Reflex to BRAF (Mol.) if MLH1 IHC is not expressed <input type="checkbox"/> RAS/RAF Panel (BRAF, HRAS, KRAS, NRAS) <input type="checkbox"/> BRAF (Mol.) <input type="checkbox"/> Reflex to MLH1 Promoter Methylation if BRAF neg. <input type="checkbox"/> KRAS (Exons 2-4) <input type="checkbox"/> NRAS (Exons 2-4) <input type="checkbox"/> MLH1 Promoter Methylation</p> | <p>Head and Neck Cancer G T <input type="checkbox"/> p16 (IHC) <input type="checkbox"/> HPV DNA (Mol.) <input type="checkbox"/> EBER (ISH)</p> |
| <p>Bladder Cancer G T <input type="checkbox"/> Bladder Cancer (FISH, urine only)</p> | <p>GI Cancer <input type="checkbox"/> KIT (Mol.) <input type="checkbox"/> PDGFRa (Mol.)</p> | <p>Melanoma G T <input type="checkbox"/> NeoSITE® Melanoma FISH <input type="checkbox"/> KIT (Mol.) <input type="checkbox"/> N/A BRAF (Mol.) <input type="checkbox"/> NRAS (Mol.)</p> |
| <p>Brain Cancer G T <input type="checkbox"/> 1p/19q Deletion (FISH) <input type="checkbox"/> N/A ATRX (Mol.) <input type="checkbox"/> ATRX (IHC) <input type="checkbox"/> Beta Catenin (IHC) <input type="checkbox"/> BRAF (FISH) <input type="checkbox"/> BRAF V600E (IHC) <input type="checkbox"/> CDKN2A (p16) Deletion for Mesothelioma or Glioma (FISH) <input type="checkbox"/> EGFR Amplification (FISH) <input type="checkbox"/> N/A EGFRvIII (Mol.) <input type="checkbox"/> IDH1 (IHC) <input type="checkbox"/> N/A IDH1/IDH2 (Mol.) <input type="checkbox"/> *Ki67 (IHC) <input type="checkbox"/> N/A MGMT Promoter Methylation (Mol.) <input type="checkbox"/> N-MYC Amplification (FISH) <input type="checkbox"/> p53 (IHC) <input type="checkbox"/> PTEN (FISH) <input type="checkbox"/> N/A STAT6 (IHC) *Tech-only Ki67 and p53 will be performed w/o image analysis unless client requests.</p> | <p>HER2 (Except Breast) G T <input type="checkbox"/> HER2 Gastric/GEA (IHC) <input type="checkbox"/> Reflex to HER2 Gastric/GEA (FISH) <input type="checkbox"/> G T if global HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+** <input type="checkbox"/> 3+ <input type="checkbox"/> HER2 Gastric/GEA (FISH) <input type="checkbox"/> HER2 (Other) IHC: <input type="checkbox"/> Breast Scoring (Default) or <input type="checkbox"/> Gastric Scoring <input type="checkbox"/> Reflex to HER2 (Other) FISH <input type="checkbox"/> G T if global HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+** <input type="checkbox"/> 3+ <input type="checkbox"/> HER2 (Other) FISH: <input type="checkbox"/> Breast Scoring (Default) or <input type="checkbox"/> Gastric Scoring **For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: <input type="checkbox"/> Do Not Reflex 2+ <input type="checkbox"/> HER2 Colorectal (IHC) <input type="checkbox"/> Reflex to HER2 Colorectal (FISH) <input type="checkbox"/> G T if global HER2 is 3+ in ≥ 50% cells <input type="checkbox"/> Reflex to HER2 Colorectal (FISH) <input type="checkbox"/> T if HER2 IHC in 3+ in 11-49% and/or 2+ in ≥ 50% cells^A <input type="checkbox"/> Reflex to HER2 Colorectal (FISH) <input type="checkbox"/> G T if global HER2 is 0/1+ ^AFor 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: <input type="checkbox"/> Do Not Reflex <input type="checkbox"/> HER2 Colorectal (FISH)</p> | <p>Molar Pregnancy <input type="checkbox"/> Molar Preg. Comprehensive Consultation (includes p57 IHC and Ploidy FISH) <input type="checkbox"/> p57 (IHC, tech-only) <input type="checkbox"/> Ki67 (IHC, tech-only) <input type="checkbox"/> Ploidy FISH for Molar Preg.</p> <p>PD-L1 IHC G T*** PD-L1 22C3 FDA (KEYTRUDA®) <input type="checkbox"/> <input type="checkbox"/> PD-L1 28-8 FDA for NSCLC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cervical <input type="checkbox"/> HNSCC, Urothelial Carcinoma <input type="checkbox"/> ESCC (Esophageal) <input type="checkbox"/> HNSCC (Head & Neck) <input type="checkbox"/> NSCLC <input type="checkbox"/> TNBC (Breast) <input type="checkbox"/> Urothelial Carcinoma <input type="checkbox"/> PD-L1 LDT <input type="checkbox"/> PD-L1 SP263 FDA (TECENTRIQ®) <input type="checkbox"/> PD-L1 22C3 FDA for NSCLC <input type="checkbox"/> NSCLC ***Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test.</p> |
| <p>Breast Cancer G-IA T-IA T <input type="checkbox"/> ER/PgR/HER2** <input type="checkbox"/> ER/PgR/HER2**/Ki67 <input type="checkbox"/> ER/PgR/HER2**/Ki67/p53 <input type="checkbox"/> Individual Stains: <input type="checkbox"/> ER <input type="checkbox"/> PgR <input type="checkbox"/> HER2** <input type="checkbox"/> Ki67 <input type="checkbox"/> p53 <input type="checkbox"/> Reflex to HER2 FISH <input type="checkbox"/> G T if global HER2 IHC is: <input type="checkbox"/> 0 <input type="checkbox"/> 1+ <input type="checkbox"/> 2+** <input type="checkbox"/> 3+ *Reflex to global PD-L1 22C3 FDA (KEYTRUDA®) for 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: <input type="checkbox"/> Do not reflex 2+ G T <input type="checkbox"/> HER2 (FISH) <input type="checkbox"/> Reflex to HER2 IHC <input type="checkbox"/> G-IA <input type="checkbox"/> T-IA <input type="checkbox"/> T if global HER2 FISH result is Group 2, 3, or 4 (see back) <input type="checkbox"/> 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+. <input type="checkbox"/> N/A Breast NGS Fusion Panel (Global Only) PIK3CA Mutation CDx: separate requisition required, see website.</p> | <p>Lung Cancer G T <input type="checkbox"/> ALK, D5F3 IHC (Lung, FDA) <input type="checkbox"/> ALK Lung (FISH): <input type="checkbox"/> Reflex to ROS1 (FISH) if global ALK is negative <input type="checkbox"/> G T <input type="checkbox"/> N/A BRAF (Mol.) <input type="checkbox"/> CDKN2A (p16) Deletion for Mesothelioma or Glioma <input type="checkbox"/> N/A EGFR (Mol., includes T790M): <input type="checkbox"/> Reflex to ALK (FISH) if EGFR is negative <input type="checkbox"/> G T <input type="checkbox"/> Reflex to ROS1 (FISH) if ALK (FISH) is negative <input type="checkbox"/> G T <input type="checkbox"/> Reflex to concurrent ALK/ROS1 (FISH) if EGFR is negative <input type="checkbox"/> G T <input type="checkbox"/> N/A KRAS (includes G12C mutation) <input type="checkbox"/> Reflex to concurrent EGFR (Mol)+ALK/ROS1 (FISH) if KRAS negative <input type="checkbox"/> G T <input type="checkbox"/> MET (FISH) <input type="checkbox"/> N/A MET Exon 14 Deletion (Mol.) <input type="checkbox"/> RET (FISH) <input type="checkbox"/> ROS1 (FISH) <input type="checkbox"/> ROS1 (IHC)</p> | <p>Prostate Cancer G T <input type="checkbox"/> Androgen Receptor (Mol.) <input type="checkbox"/> PTEN (FISH) <input type="checkbox"/> HSD3B1 Genotyping</p> <p>Sarcoma FISH G T <input type="checkbox"/> DDIT3 (CHOP) <input type="checkbox"/> MDM2 <input type="checkbox"/> PDGFB Rearr <input type="checkbox"/> EWSR1 <input type="checkbox"/> MYC Amp <input type="checkbox"/> SS18 (SYT)</p> |
| | | <p>Thyroid Cancer G T <input type="checkbox"/> BRAF (Mol.) <input type="checkbox"/> RET (FISH) <input type="checkbox"/> NRAS (Mol.) <input type="checkbox"/> KRAS (Mol.) Thyroid Sponsored Testing Program: separate requisition required, see website. Other /Pan-Cancer Testing G T <input type="checkbox"/> FGFR3 Rearr. FISH <input type="checkbox"/> NTRK 1,2,3 FISH <input type="checkbox"/> N/A Pan-TRK (IHC) If IHC is expressed/equivocal: <input type="checkbox"/> Reflex to NTRK NGS Fusion Panel <input type="checkbox"/> Reflex to NTRK 1, 2, 3 FISH <input type="checkbox"/> G T <input type="checkbox"/> Other _____ FlexREPORT™ <input type="checkbox"/> Please add summary report.</p> |

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 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)", "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 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 ≥ 2.0 and average HER2 copy number < 4.0 signals/cell
- Group 3: HER2/CEP17 ratio < 2.0 and average HER2 copy number ≥ 6.0 signals/cell
- Group 4: HER2/CEP17 ratio < 2.0 and average HER2 copy number ≥ 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.