NeoGenomics Laboratories

IHC Requisition

Toll Free: (866)776-5907
Press #1 for Customer Service, #2 for Billing,
FAX: (239)690-4237

Florida • Tennessee • California
www.neogenomics.com

Client Information

Requisition completed by:_____
Ordering Physician (please print): _____
Treating Physician (please print): _____

Patient Information

Patient Name: _____
(Last) (First)
Date of Birth: MM_____/DD_____/YY_____ Sex: Male
Medical Record #: _____
Social Security #: _____

Patient History/
Treatment:
(please attach all relevant clinical history)

☐ New Diagnosis ☐ Relapse ☐ In Remission

☐ **See Attached for Patient Address Information**

Specimen Information

Specimen ID#: _____ **Fixative/Preservative:**_____
Collection Date: _____ /_____ /_____ **Collection Time:** _____ AM
Body Site: _____ ☐ Primary ☐ Metastasis
If Metastasis, please list Primary:_____
☐ Paraffin Block(s): _____ ☐ Fresh Tissue (Media Type required): _____
☐ Slides: Stained ____ Unstained ____
☐ Other:_____ ☐ **Accession and Hold**

Coding Information

Diagnosis Code/ICD-9 Code(required): _____
(Possible ICD-9 codes listed on back of requisition)

Billing Information

Bill to: ☐ Hospital ☐ Pathology Group ☐ Insurance ☐ Patient
Please attach face sheet and front/back of patient insurance card ONLY if NeoGenomics will bill patient insurance. Do not include patient insurance information if NeoGenomics will bill Hospital or Pathology Group.
Patient Status (Choose 1): ☐ In-Patient ☐ Out-Patient ☐ Non-Hospital Patient

☐ **See Attached for Patient Billing Information**

Please document all applicable ICD-9 codes or narrative descriptions for all tests ordered supporting medical necessity which shall be used in patient plan of care. Tests for Medicare patients must be screened to determine if an Advanced Beneficiary Notice (ABN) is required. (Please attach to requisition if required.) An ABN should be provided to the patient if there is a reason to believe Medicare will not pay for the test. Medicare may deny tests due to frequency. Medicare does not generally cover routine screening tests.

IHC Panels and Individual Antibodies

(Level of Service Must be Marked for IHC Panels and Antibodies)

LEVEL OF SERVICE

☐ **Full IHC Consult:** NeoGenomics pathologist chooses stains and completes interpretation on referred material. (Block and/or Unstained Slides recommended. Any stained slides referred will be incorporated into interpretation.)
☐ **Stain(s) with Interpretation:** NeoGenomics pathologist will complete stain(s) selected by client and provide interpretation.
☐ **NeoIHC – Stain(s) Only / No Interpretation:** NeoGenomics Laboratories will complete requested stains and return slides to client for interpretation.

IHC PANELS

☐ **Adenocarcinoma vs. Mesothelioma** (Pan-CK Plus, CEA, MOC-31, BerEP4, TTF1, Calretinin, WT-1)
☐ **Bladder vs. Prostate Cancer** (CK7, CK20, PSA, CK 903 + p63 cocktail)
☐ **Breast Panel** (ER, PR, Ki-67, HER2) **Fixation Time** (required)_____hrs.
☐ Reflex to HER2 Breast FISH if HER2 IHC is ___1+ ___2+ ___3+ (must mark score for FISH reflex)
☐ **Colon Cancer Mismatch Repair Proteins** (MLH1, MSH2, MSH6, PMS2)
☐ **Carcinoma Unknown Primary Site, Female (CUPS-Female)**
(CK7, CK20, Mammaglobin, ER, TTF1, CEA, CA19-9, S100, Synaptophysin, WT-1)
☐ **Carcinoma Unknown Primary Site, Male (CUPS-Male)**
(CK7, CK20, TTF1, PSA, CEA, CA19-9, S100, Synaptophysin)
☐ **Lung vs. Metastatic Breast Carcinoma** (TTF1, Mammaglobin, GCDFP-15 (BRST-2), ER)
☐ **Melanoma Panel** (S-100, HMB-45, MART-1/Melan-A, Tyrosinase, Pan-CK Plus)
☐ **Non-Small Cell Lung Cancer** (CK7, CK5/6, TTF1, Napsin A, p63)
☐ **Small Cell Carcinoma** (Chromogranin A, Synaptophysin, CD56 (NCAM), TTF1, Pan-CK Plus)
☐ **Soft Tissue Classification** (Pan-CK Plus, SMA, Actin, Desmin, S100, CD34, Vimentin, CD68)
☐ **Undifferentiated Tumor** (Pan-CK Plus, S100, CD45, Vimentin)

IHC INDIVIDUAL ANTIBODIES

☐ AFP
☐ ALK1
☐ Amyloid A
☐ Amyloid P
☐ BCA225
☐ BCL-1
☐ BCL-2
☐ BCL-6
☐ BerEP4
☐ Beta-Catenin
☐ BG-8
☐ CA19-9
☐ CA125
☐ CAM 5.2
☐ Calcitonin
☐ Caldesmon
☐ Calponin-1
☐ Calretinin
☐ CD1a
☐ CD2
☐ CD3, Monoclonal
☐ CD4
☐ CD5
☐ CD7
☐ CD8
☐ CD10
☐ CD15
☐ CD19
☐ CD20
☐ CD21
☐ CD22
☐ CD23
☐ CD30
☐ CD31
☐ CD34
☐ CD43
☐ CD45
☐ CD45RO
☐ CD56 (NCAM)
☐ CD57
☐ CD61
☐ CD68
☐ CD79a
☐ CD117
☐ CD138
☐ CDX2
☐ CEA, Monoclonal
☐ CEA, Polyclonal
☐ Chromogranin A
☐ Collagen Type IV
☐ CK 5/6
☐ CK 7
☐ CK 8/18
☐ CK 17
☐ CK 19
☐ CK 20
☐ CK 903
☐ CK 903 + p63 cocktail
☐ Cytokeratin LMW
☐ D2-40
☐ Desmin
☐ Desmoglein 3
☐ DOG-1
☐ E-Cadherin
☐ EMA
☐ ER
☐ Factor VIII
☐ Factor XIIIa
☐ Galectin-3
☐ GCDFP-15 (BRST-2)
☐ GFAP
☐ Glycophorin A
☐ Glypican 3
☐ HCG
☐ HBME-1
☐ Helicobacter Pylori
☐ HER-2/neu (4B5) Ventana Pathway®
☐ Reflex to HER2 Breast FISH if HER2 Is ___1+ ___2+ ___3+ (must mark score for FISH reflex)
☐ HHV-8
☐ HMB-45
☐ HSA Hep Par 1
☐ Inhibin
☐ Kappa Ig Light Chain
☐ Ki-67
☐ Lambda Ig Light Chain
☐ Mammaglobin
☐ MART-1/Melan A
☐ MLH1
☐ MOC-31
☐ MPO
☐ MSA
☐ MSH2
☐ MSH6
☐ MUC1
☐ MUC2
☐ MUM1
☐ Myoglobin
☐ Napsin A
☐ NKX 3.1
☐ NSE
☐ Pan-CK Plus
☐ Pan-Keratin
☐ Pan-Melanoma
☐ PAX-5
☐ PAX-8
☐ p21
☐ p53
☐ p63
☐ p504s
☐ PIN-4 Triple Stain
☐ PLAP
☐ PMS2
☐ PR
☐ PSA
☐ PSAP
☐ RCC
☐ S-100
☐ Secretagogin
☐ SMA
☐ SMM
☐ Smoothelin
☐ Surfactant Protein-A
☐ Synaptophysin
☐ TAG 72
☐ TdT
☐ Thyroglobulin
☐ TRAcP
☐ Tryptase
☐ TTF-1
☐ Tyrosinase
☐ Uroplakin
☐ Villin
☐ Vimentin
☐ WT-1
☐ Other:

Special Stains: ☐ AFB ☐ Congo Red/Amyloid ☐ GMS ☐ Iron ☐ PAS with Diastase ☐ PAS without Diastase ☐ PAS-Fungus ☐ Reticulin ☐ Trichrome ☐ Wright-Giemsa

Image Analysis

☐ **NeoImage:** Tech-Only Image Analysis (available on breast stains only). **Please mark panel or individual stains below.**
☐ **Breast Panel** (ER, PR, Ki-67, HER2, p53) **Fixation Time** (required)_____hrs. ☐ **ER** ☐ **PR** ☐ **Ki-67** ☐ **HER2** ☐ **p53** **Fixation Time** (required) _____hrs.

FlexREPORT

☐ **FlexREPORT**: please add summary report option to this case.

Optimal Specimen Requirements

Specimen Type	*Cytogenetics*	*FISH*	*Flow Cytometry*	*Bone Marrow Morphology*	*IHC*	*Molecular*	*Storage*
Bone Marrow Aspirate	Sodium Heparin 1-2mL (Green Top)	Sodium Heparin 1-2mL (Green Top) EDTA OK if Sodium Heparin is not available	EDTA 1mL (Purple Top) Provide CBC Sodium Heparin OK if EDTA is not available	EDTA with 5-10 smears/slides Sodium Heparin OK if EDTA is not available	N/A	EDTA 1mL (Purple Top)	Refrigerate and use cool pack during transport. Overnight delivery or courier pickup
Peripheral Blood	Sodium Heparin 2-5mL (Green Top) Provide CBC	Sodium Heparin 2-5mL (Green Top) EDTA OK if Sodium Heparin is not available	EDTA 1mL (Purple Top) Provide CBC Sodium Heparin OK if EDTA is not available	EDTA with 5-10 smears/slides Sodium Heparin OK if EDTA is not available	N/A	EDTA 2-5mL (Purple Top)	Refrigerate and use cool pack during transport. Overnight delivery or courier pickup
Fixed Bone Marrow Core Biopsy (Formalin)	N/A	N/A	N/A	1-2 cm core (length) 10x formalin to specimen volume	1-2 cm core (length) 10x formalin to specimen volume	N/A	Use cool pack during transport. Overnight delivery or courier pick up
Fresh Bone Marrow Core Biopsy	1-2 cm core (length) Tissue in RPMI	1-2 cm core (length) Tissue in RPMI	1-2 cm core (length) Tissue in RPMI	N/A	1-2 cm core (length) Tissue in RPMI	EDTA 2mL (Purple Top)	Refrigerate and use cool pack during transport. Overnight delivery or courier pickup
Fresh/ Unfixed Tissue	Tissue in RPMI Two pieces minimum, 0.2 cm^3	Tissue in RPMI Two pieces minimum, 0.2 cm^3	Tissue in RPMI	N/A	N/A	Tissue in RPMI Two pieces minimum, 0.2 cm^3	Refrigerate and use cool pack during transport. Overnight delivery or courier pickup
Fluids	Equal part RPMI to specimen volume 50mL Except for CSF no dilution 2-3mL	Equal part RPMI to specimen volume 50mL Except for CSF no dilution 2-3mL	Equal part RPMI to specimen volume 50mL Except for CSF no dilution 2-3mL	N/A	N/A	N/A	Refrigerate and use cool pack during transport. Overnight delivery or courier pickup
Paraffin Block or Cut Slide	N/A	Suitable only for select assays For submitted slides: 4 micron sections w/ one H&E	N/A	N/A	**Superfrost™ Plus Slide** 3-4 micron thick tissue section No Additives in Waterbath	Suitable only for select assays	Use cool pack during transport. Overnight delivery or courier pick up
Voided Urine	N/A	30- 50mL with supplied Fixative Tablet	N/A	N/A	N/A	N/A	Refrigerate and use cool pack during transport. Overnight delivery or courier pickup

Please call NeoGenomics for transportation arrangements at (866)776-5907

Please note: In warm weather include a cold (not frozen) cool pack

*Specimens with >72 hour transit time may yield low viability and thus may compromise patient results.

NeoGenomics Laboratories FISH Probes by Disease State

Disease State/Panel	FISH Probe(s)	Abnormality Detected
CML	ABL, ASS, BCR	t(9;22)
AML M2	AML1/ETO	t(8;21)
AML M3 (APL)	PML, RARA	t(15;17)
AML M4	CBFB	inv(16) or t(16;16)
AML	D5S721-D5S23, CSF1R, CEN7, D7S486, CEN8, MLL, ETO, AML1, PML, RARA, CBFB	5q-/-5, 7q-/-7, +8, MLL gene rearrangement, t(8;21), t(15;17), inv(16) or t(16;16)
ALL	ABL, ASS, BCR, MLL	t(9;22), MLL gene rearrangement
MDS	D5S721-D5S23, CSF1R, CEN7, D7S486, CEN8, D20S108	5q-/-5, 7q-/-7, +8, 20q-
MM-MGUS	CEB108/T7, 1QTEL10, D5S721-D5S23, CEN3, CEN9, D13S319, LAMP1, IgH, p53	1q+, +5, +3, +9, 13q-/-13, IgH gene rearrangement, 17p-
MM IgH Complex	CCND1/IgH, FGFR3/IgH, MAF/IgH	t(11;14), t(4;14), t(14;16)
High Risk MM	FGFR3/IgH, MAF/IgH, D13S319, LAMP1, p53	t(4;14), t(14;16), 13q-/-13, 17p-
Myeloproliferative Neoplasm	FIP1L1-CHIC2-PDGFRa	4q12 abnormality
CLL	ATM, p53, CEN12, D13S319, LAMP1, CCND1, IgH	11q-, 17p-, +12, 13q-/-13, t(11;14)
NHL	ALK, BCL6, MYC, CEN8/MYC/IgH, CCND1/IgH, IgH, BCL2/IgH, MALT1	ALK gene rearrangement, BCL6 gene rearrangement, MYC gene rearrangement, t(8;14), +8, t(11;14), IgH gene rearrangement, t(14;18), MALT1 gene rearrangement
Anaplasic Large Cell	ALK	ALK gene rearrangement
Burkitt Lymphoma	CEN8, MYC, IgH	t(8;14), +8
Diffuse Large Cell Lymphoma	BCL6	BCL6 gene rearrangement
Follicular Lymphoma	BCL2, IgH	t(14;18)
MALT Lymphoma	API2, MALT1	t(11;18)
Mantle Cell Lymphoma	CCND1, IgH	t(11;14)
Marginal Zone B-cell Lymphoma	MALT1	MALT1 gene rearrangement
Bladder Cancer	CEN3, CEN7, CEN17, p16	Aneuploidy, p16 gene deletion
Breast Cancer	HER2, CEN17	Amplified HER2 gene
Melanoma	RREB1, CEN6, MYB, CCND1	Aneuploidy of RREB1 gene, Deletion of MYB gene, Aneuploidy of CCND1 gene

ICD-9 Codes (Provided for your assistance - Subject to change)

174.9	Malignant Neoplasm of Breast, Unspecified
188.9	Malignant Neoplasm of Bladder, Unspecified
201.90	Hodgkin's Disease, Unspecified
202.80	Non-Hodgkins Lymphoma
203.00	Multiple Myeloma
203.10	Plasma Cell Leukemia
204.00	Acute Lymphoid Leukemia (ALL)
204.10	Chronic Lymphocytic Leukemia (CLL)
205.00	Acute Myeloid Leukemia (AML)
205.10	Chronic Myeloid Leukemia (CML)
205.80	Other Myeloid Leukemia
208.00	Leukemia, Acute NEC
208.10	Leukemia, Chronic NEC
238.71	Thrombocythemia
238.75	Myelodysplastic Syndrome, Unspecified
273.1	Monoclonal Gammopathy
284.1	Pancytopenia
285.9	Anemia
287.5	Thrombocytopenia
288.00	Neutropenia, Unspecified
288.50	Leukopenia
288.60	Leukocytosis
511.9	Pleural Effusion
611.72	Lump or Mass in Breast
784.2	Swelling or Mass in Head or Neck