

Toll Free: (866)776-5907 Press #1 for Customer Service, #2 for Billing FAX: (239)768-0711

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: M / F
 (circle)
 Medical Record #: _____
 Social Security #: _____
 Patient History/ Treatment: _____
 (please attach all relevant clinical history)
 New Diagnosis Relapse In Remission

See Attached for Patient Address Information

Coding Information

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

Specimen Information

Specimen ID#: _____ Fixative/Preservative: _____
 Collection Date: ____/____/____ Collection Time: _____ am pm
 Body Site: _____ Primary Metastasis
 If Metastasis, please list Primary: _____
 Bone Marrow: Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____
 Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____
 Paraffin Blocks: _____ Fresh Tissue (Media Type required): _____
 Fluid: CSF _____ Pleural _____ FNA _____ Other _____
 Slides: Stained _____ Unstained _____
 Smears: Air Dried _____ Fixed _____ Stained _____
 Urine Bladder Wash Renal Wash
 Other: _____

Billing Information

Bill to: Insurance Patient Physician Office

*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.

Testing Requested (check all requested tests) All testing includes pathology interpretation.

GPS™ (Genetic Pathology Solutions) may include morphology, flow cytometry, cytogenetics, FISH, and / or molecular testing if deemed medically necessary. (Please include recent CBC with requisition.)

Morphology

Morphologic Evaluation Smear for correlation only

Flow Cytometry (Leukemia and Lymphoma Immunophenotyping)

Standard Panels with Reflex Options

Bone Marrow (31 Markers)
 Peripheral Blood (28 Markers)
 Tissue/Fluid (26 Markers)
 Add PNH to panel marked above
 Add ZAP-70 to panel marked above
 Reflex to DNA Content & Cell Cycle Analysis
 Add V-Beta is abnormal T-cells present

Global Stand-Alone Panels

PNH only
 DNA Content & Cell Cycle Analysis only
 ZAP-70 Lymphoid Panel only
 V-Beta T-cell Clonality

Cytogenetics (specimen type must be noted)

Oncology Chromosome Analysis
 Reflex to FISH if cytogenetics is normal (Reflex panel must be marked below)
 Other: _____

FISH

FISH Panels (Please see back for list of included FISH probes)

HER2 by FISH: HER2, cen 17 **Site:** _____ **Hours Fixed (req):** _____
 Bladder Cancer FISH (Bladder Panel)
 MelanoSITE™ (Melanoma Panel)
 With Comprehensive Consultation that may include IHC and/or special stains if deemed medically necessary. Available with Global MelanoSITE only.
 AML **MDS** **CLL** **NHL** **High Risk MM®**
 MM/MGUS®
 Reflex to MM IgH Complex if IgH positive.

Individual Probes (please see back for FISH probes by disease state)

<input type="checkbox"/> ALK for NSCLC (2p23)	<input type="checkbox"/> FGFR1 (8p11)	<input type="checkbox"/> PDGFRb t(5;12)
<input type="checkbox"/> ALK for Lymphoma (2p23)	<input type="checkbox"/> IgH (14q32)	<input type="checkbox"/> PML/RARA t(15;17)
<input type="checkbox"/> API2/MALT1 t(11;18)	<input type="checkbox"/> IgH/BCL2 t(14;18)	<input type="checkbox"/> p53 (17p13.1)
<input type="checkbox"/> BCL6 (3q27)	<input type="checkbox"/> MALT1 (18q21)	<input type="checkbox"/> 5q-/5
<input type="checkbox"/> BCR/ABL t(9;22)	<input type="checkbox"/> MLL (11q23)	<input type="checkbox"/> 7q-/7
<input type="checkbox"/> CBFB inv (16)	<input type="checkbox"/> MYC (8q24)	<input type="checkbox"/> +8
<input type="checkbox"/> CCND1(BCL1)/IgH t(11;14)	<input type="checkbox"/> MYC/IgH t(8;14)	<input type="checkbox"/> 13q-/13
<input type="checkbox"/> ETO/AML1 t(8;21)	<input type="checkbox"/> PDGFRa (4q12)	<input type="checkbox"/> 20q-
<input type="checkbox"/> Other: _____		

Molecular Genetics (by PCR or RT-PCR)

<input type="checkbox"/> BRAF v600E (Colon, Lung)	<input type="checkbox"/> BCL-1 (CCND1)	<input type="checkbox"/> FLT3
<input type="checkbox"/> BRAF v600E/K/D (Melanoma)	<input type="checkbox"/> BCL-2	<input type="checkbox"/> NPM1
<input type="checkbox"/> EGFR	<input type="checkbox"/> B Cell Clonality	<input type="checkbox"/> MPN Reflex Panel
<input type="checkbox"/> KRAS	<input type="checkbox"/> T Cell Clonality	<input type="checkbox"/> JAK2 V617F
<input type="checkbox"/> BCR/ABL (Quant.)	<input type="checkbox"/> PML/RARA	<input type="checkbox"/> JAK2 Exon12
<input type="checkbox"/> BCR/ABL (Qual.)	<input type="checkbox"/> CEBPA	<input type="checkbox"/> MPL W515
<input type="checkbox"/> Other: _____		

Other Tests

CTC Breast CTC Colorectal CTC Prostate
 Myeloma Prognostic Risk Signature (MyPRS™)

Comments: _____

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 pickup
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 pickup
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

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

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
Anaplastic 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

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	Thrombocytopenia
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