

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 Female
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 Block(s): _____ Fresh Tissue (Media Type required): _____
 Fluid: CSF _____ Pleural _____ FNA _____ Other _____
 Slides: Stained _____ Unstained _____
 Smears: Air Dried _____ Fixed _____ Stained _____
 Urine Bladder Wash Renal Wash
 Other: _____ Accession and Hold

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): Hospital Patient (in/out) 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.

Comments: _____

Testing Requested

Hematopathology NeoAssist assumes morphology is being performed by ordering pathologist. NeoGenomics will perform global Flow Cytometry & Cytogenetics automatically. If deemed medically necessary, additional global testing will be ordered by NeoGenomics pathologist to include FISH and / or molecular testing. (Please include CBC with requisition.)

Morphology

Morphologic Evaluation Smear for correlation only

Flow Cytometry (Leukemia and Lymphoma Immunophenotyping)

With Interpretation (Global)

Bone Marrow
 Peripheral Blood
 Tissue/Fluid
 Add PNH to panel marked above
 Add ZAP-70 to panel marked above
 Reflex to DNA Content & Cell Cycle Analysis
 Add V-Beta if abnormal T-cells present

NeoFlow (Tech-Only/No Interpretation)

Bone Marrow
 Peripheral Blood
 Tissue/Fluid
 Add ZAP-70 to panel marked above

Global Stand-Alone Panels

PNH only ZAP-70 Lymphoid Panel only
 DNA Content & Cell Cycle Analysis 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 (Level of Service MUST BE MARKED)

With Interpretation (Global)

FISH Panels (Please see back for list of included FISH probes)
 HER2 by FISH: HER2, cen17 Site[®]: _____ Hours Fixed (req): _____
 Bladder Cancer FISH (Bladder Panel)

MelanoSITE™ (Melanoma Panel)

With interpretation (Global)
 Without interpretation (Tech-only)
 Global with Comprehensive Consultation that may include IHC and/or special stains if deemed medically necessary.

Hematologic FISH Panels

AML MDS CLL NHL High Risk MM[®]
 MM/MGUS[®]
 Available with Global MM/MGUS panel: Reflex to MM IgH Complex if IgH positive.
 Available with Tech-Only MM/MGUS panel: Add IgH Complex to run concurrently.

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

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

Molecular Genetics

<input type="checkbox"/> ABL1 Kinase Domain	<input type="checkbox"/> FLT3	<input type="checkbox"/> NPM1
<input type="checkbox"/> B-Cell	<input type="checkbox"/> IDH1	<input type="checkbox"/> NRAS
<input type="checkbox"/> B-Cell & T-Cell	<input type="checkbox"/> IDH2	<input type="checkbox"/> PML-RARA, t(15;17)
<input type="checkbox"/> BCL1, t(11;14)	<input type="checkbox"/> IgVH Mutation	<input type="checkbox"/> RUNX1-RUNX1T1 (AML1-ETO), t(8;21)
<input type="checkbox"/> BCL2, t(14;18)	<input type="checkbox"/> inv(16)	<input type="checkbox"/> T-Cell
<input type="checkbox"/> BCR-ABL1, t(9;22)	<input type="checkbox"/> JAK2 Exon 12-14	<input type="checkbox"/> TPMT SNP
<input type="checkbox"/> BRAF	<input type="checkbox"/> JAK2 V617F	<input type="checkbox"/> UGT1A1 SNP
<input type="checkbox"/> CEBPA	<input type="checkbox"/> KRAS	<input type="checkbox"/> WT1
<input type="checkbox"/> c-KIT	<input type="checkbox"/> Microsatellite Instability	
<input type="checkbox"/> EGFR	<input type="checkbox"/> MPL	
<input type="checkbox"/> ETV6-RUNX1 (TEL-AML1), t(12;21)	<input type="checkbox"/> MPN Reflex Panel	

Tech-Only Microdissection (BRAF, EGFR, KRAS solid tumor testing only; call for availability on c-KIT and NRAS). Referring pathologist must circle area of interest on H&E slide and estimate the percentage tumor within the circle (required) _____

Other: _____

Other Testing

CTC Breast CTC Colorectal CTC Prostate
 Myeloma Prognostic Risk Signature (MyPRS™)
 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 1-2 mL (Green Top)	Sodium Heparin 1-2 mL (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 and 2 touch imprints Sodium Heparin OK if EDTA is not available	N/A	EDTA 2 mL (Purple Top)	Refrigerate and use cool pack during transport. Overnight delivery or courier pickup.
Peripheral Blood	Sodium Heparin 2-5 mL (Green Top) Provide CBC	Sodium Heparin 2-5 mL (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 5 mL (Purple Top)	Refrigerate and use cool pack during transport. Overnight delivery or courier pickup.
Bone Marrow Core Biopsy and/or Aspirate Clot (10% NBF)	N/A	N/A	N/A	1-2 cm core (length) 10x formalin to specimen volume. Additional 2 touch imprints preferred	1-2 cm core (length) core and clot sent in separate formalin containers	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 2 mL (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, fresh in RPMI, or frozen Two pieces minimum 0.2 cm ³	Send frozen if applicable or refrigerate and use cool pack during transport. Overnight delivery or courier pickup.
Fluids	Equal part RPMI to specimen volume	Equal part RPMI to specimen volume	Equal part RPMI to specimen volume	N/A	N/A	Fresh, no preservative	Refrigerate and use cool pack during transport. Overnight delivery or courier pickup.
Paraffin Block or Cut Slide	N/A	Suitable only for select assays; see website to confirm. 1 H&E slide, plus paraffin block or 4 unstained slides cut at 4-5 microns. Use positively-charged slides and 10% NBF fixative. Avoid zinc fixatives.	N/A	N/A	FFPE tissue block or 3-4 micron thick tissue sections on positively charged slides, at least 3 slides per antibody. No additives in waterbath	Suitable for select assays; see website to confirm. 1 H&E slide, plus paraffin block or 5-10 unstained slides cut at 5 or more microns. Use positively-charged slides and 10% NBF fixative. Avoid zinc fixatives.	Use cool pack during transport. Overnight delivery or courier pickup.
Voided Urine	N/A	30-50 mL 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

Disease State/Panel	FISH Probe(s)	Abnormality Detected
ALL	ABL, ASS, BCR, MLL	t(9;22), MLL gene rearrangement
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)
AML M2	AML1/ETO	t(8;21)
AML M3 (APL)	PML, RARA	t(15;17)
AML M4	CBFB	inv(16) or t(16;16)
Anaplastic Large Cell Lymphoma	ALK	ALK gene rearrangement
Burkitt Lymphoma	CEN8, MYC, IgH	t(8;14), +8
Bladder Cancer	CEN3, CEN7, CEN17, p16	Aneuploidy, p16 gene deletion
Breast Cancer	HER2, CEN17	Amplified HER2 gene
CLL	ATM, p53, CEN12, D13S319, LAMP1, CCND1, IgH	11q-, 17p-, +12, 13q-/13, t(11;14)
CML	ABL, ASS, BCR	t(9;22)
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
Melanoma	RREB1, CEN6, MYB, CCND1	Aneuploidy of RREB1 gene, Deletion of MYB gene, Aneuploidy of CCND1 gene
MDS	D5S721-D5S23, CSF1R, CEN7, D7S486, CEN8, D20S108	5q-/5, 7q-/7, +8, 20q-
MM, High Risk	FGFR3/IgH, MAF/IgH, D13S319, LAMP1, p53	t(4;14), t(14;16), 13q-/13, 17p-
MM IgH Complex	CCND1/IgH, FGFR3/IgH, MAF/IgH	t(11;14), t(4;14), t(14;16)
MM-MGUS	CEB108/t7, 1qTEL10, D5S721-D5S23 CEN3, CEN9, D13S319, LAMP1, IgH, p53	1q+, +5, +3, +9, 13q-/13, IgH gene rearrangement, 17p-
Myeloproliferative Neoplasm	FIP1L1-CHIC2-PDGFRa	4q12 abnormality
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
NSCLC	ALK	ALK gene rearrangement

(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

- Breast specimens subject to HER2 testing 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 48 hours
- May include plasma cell enrichment on specimens of sufficient cellularity