

Client Information

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

Specimen Information

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

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, GCDFFP-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

- | | | | | | | |
|--|--------------------------------------|---|---|--|---|--|
| <input type="checkbox"/> AFP | <input type="checkbox"/> CD4 | <input type="checkbox"/> CD79a | <input type="checkbox"/> DOG-1 | <input type="checkbox"/> HSA Hep Par 1 | <input type="checkbox"/> Pan-Keratin | <input type="checkbox"/> Synaptophysin |
| <input type="checkbox"/> ALK1 | <input type="checkbox"/> CD5 | <input type="checkbox"/> CD117 | <input type="checkbox"/> E-Cadherin | <input type="checkbox"/> Inhibin | <input type="checkbox"/> Pan-Melanoma | <input type="checkbox"/> TAG 72 |
| <input type="checkbox"/> Amyloid A | <input type="checkbox"/> CD7 | <input type="checkbox"/> CD138 | <input type="checkbox"/> EMA | <input type="checkbox"/> Kappa Ig Light Chain | <input type="checkbox"/> PAX-5 | <input type="checkbox"/> TaT |
| <input type="checkbox"/> BCA225 | <input type="checkbox"/> CD8 | <input type="checkbox"/> CDX2 | <input type="checkbox"/> ER | <input type="checkbox"/> Ki-67 | <input type="checkbox"/> PAX-8 | <input type="checkbox"/> Thyroglobulin |
| <input type="checkbox"/> BCL-1 | <input type="checkbox"/> CD10 | <input type="checkbox"/> CEA, Monoclonal | <input type="checkbox"/> Factor VIII | <input type="checkbox"/> Lambda Ig Light Chain | <input type="checkbox"/> p21 | <input type="checkbox"/> TRAcP |
| <input type="checkbox"/> BCL-2 | <input type="checkbox"/> CD15 | <input type="checkbox"/> CEA, Polyclonal | <input type="checkbox"/> Factor XIIIa | <input type="checkbox"/> Mammaglobin | <input type="checkbox"/> p53 | <input type="checkbox"/> Tryptase |
| <input type="checkbox"/> BCL-6 | <input type="checkbox"/> CD19 | <input type="checkbox"/> Chromogranin A | <input type="checkbox"/> Galectin-3 | <input type="checkbox"/> MART-1/Melan A | <input type="checkbox"/> p63 | <input type="checkbox"/> TTF-1 |
| <input type="checkbox"/> BerEP4 | <input type="checkbox"/> CD20 | <input type="checkbox"/> Collagen Type IV | <input type="checkbox"/> GCDFFP-15 (BRST-2) | <input type="checkbox"/> MLH1 | <input type="checkbox"/> p504s | <input type="checkbox"/> Tyrosinase |
| <input type="checkbox"/> Beta-Catenin | <input type="checkbox"/> CD21 | <input type="checkbox"/> CK 5/6 | <input type="checkbox"/> GFAP | <input type="checkbox"/> MOC-31 | <input type="checkbox"/> PIN-4 Triple Stain | <input type="checkbox"/> Uroplakin |
| <input type="checkbox"/> BG-8 | <input type="checkbox"/> CD22 | <input type="checkbox"/> CK 7 | <input type="checkbox"/> Glycophorin A | <input type="checkbox"/> MPO | <input type="checkbox"/> PLAP | <input type="checkbox"/> Villin |
| <input type="checkbox"/> CA 19-9 | <input type="checkbox"/> CD23 | <input type="checkbox"/> CK 8/18 | <input type="checkbox"/> Glypican 3 | <input type="checkbox"/> MSA | <input type="checkbox"/> PMS2 | <input type="checkbox"/> Vimentin |
| <input type="checkbox"/> CA125 | <input type="checkbox"/> CD30 | <input type="checkbox"/> CK 17 | <input type="checkbox"/> HCG | <input type="checkbox"/> MSH2 | <input type="checkbox"/> PR | <input type="checkbox"/> WT-1 |
| <input type="checkbox"/> CAM 5.2 | <input type="checkbox"/> CD31 | <input type="checkbox"/> CK 19 | <input type="checkbox"/> HBME-1 | <input type="checkbox"/> MSH6 | <input type="checkbox"/> PSA | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Calcitonin | <input type="checkbox"/> CD34 | <input type="checkbox"/> CK 20 | <input type="checkbox"/> Helicobacter Pylori | <input type="checkbox"/> MUC1 | <input type="checkbox"/> PSAP | _____ |
| <input type="checkbox"/> Caldesmon | <input type="checkbox"/> CD43 | <input type="checkbox"/> CK 903 | <input type="checkbox"/> HER-2/neu (4B5) | <input type="checkbox"/> MUC2 | <input type="checkbox"/> RCC | _____ |
| <input type="checkbox"/> Calponin-1 | <input type="checkbox"/> CD45 | <input type="checkbox"/> CK 903 + p63 | Ventana Pathway® | <input type="checkbox"/> MUM1 | <input type="checkbox"/> S-100 | _____ |
| <input type="checkbox"/> Calretinin | <input type="checkbox"/> CD45RO | cocktail | <input type="checkbox"/> Reflex to HER2 Breast FISH if HER2 | <input type="checkbox"/> Myoglobin | <input type="checkbox"/> Secretagogin | _____ |
| <input type="checkbox"/> CD1a | <input type="checkbox"/> CD56 (NCAM) | <input type="checkbox"/> Cytokeratin LMMV | Is ____1+ ____2+ ____3+ (must mark score for FISH reflex) | <input type="checkbox"/> Napsin A | <input type="checkbox"/> SMA | _____ |
| <input type="checkbox"/> CD2 | <input type="checkbox"/> CD57 | <input type="checkbox"/> D2-40 | <input type="checkbox"/> HHV-8 | <input type="checkbox"/> NKX 3.1 | <input type="checkbox"/> SMM | _____ |
| <input type="checkbox"/> CD3, Monoclonal | <input type="checkbox"/> CD61 | <input type="checkbox"/> Desmin | <input type="checkbox"/> HMB-45 | <input type="checkbox"/> NSE | <input type="checkbox"/> Smoothelin | |
| <input type="checkbox"/> CD3, Polyclonal | <input type="checkbox"/> CD68 | <input type="checkbox"/> Desmoglein 3 | | <input type="checkbox"/> Pan-CK Plus | <input type="checkbox"/> Surfactant Protein-A | |

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

Image Analysis

Neolmage: 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.

Patient Information

Patient Name: _____
(Last) (First)
Date of Birth: MM ____/DD ____/YY ____ Sex: M F
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)

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