

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 patient's primary and secondary insurance cards.
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 neogenomics.com/billing 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: _____

NeoTYPE® Cancer Profiles*

*Reflex to NTRK 1-3 FISH Panel instead of NTRK NGS if Pan-TRK IHC is positive or equivocal

G TF TI**
 N/A Brain (DNA & RNA)
 Add MGMT Promoter Methylation Analysis
 Breast Tumor Profile*
 Cervical Tumor Profile*
 Cholangiocarcinoma Profile
 Colorectal Tumor Profile* Opt out of HER2 IHC
 • Reflex to HER2 (Other) w/Gastric Scoring FISH G T if global HER2 IHC is 0 1+ 2+ (Default) 3+
 Do Not Reflex 2+
 Discovery Profile* Opt out of HER2 IHC
 Primary Tumor: Breast Lung Other
 • Reflex to HER2 (Other) w/Breast Scoring FISH G T if global HER2 IHC is 0 1+ 2+ (Default) 3+
 Do Not Reflex 2+
 Endometrial Tumor Profile* Opt out of HER2 IHC
 • Reflex to HER2 (Other) w/Breast Scoring FISH G T if global HER2 IHC is 0 1+ 2+ (Default) 3+
 Do Not Reflex 2+
 Esophageal Tumor Profile*

G TF TI**
 Gastric Tumor Profile* Opt out of MMR IHC
 GI Predictive Profile* Opt-out of HER2 IHC
 • Perform HER2 IHC with reflex to FISH (if applicable) as:
 HER2 (Other) w/Gastric Scoring FISH (Default)
 Reflex to HER2 (Other) w/Gastric Scoring FISH G T if global HER2 IHC is 0 1+ 2+ (Default) 3+
 Do Not Reflex 2+
 HER2 Gastric/GEA
 • Reflex to HER2 Gastric/GEA (FISH) G T if global HER2 IHC is 0 1+ 2+ (Default) 3+
 Do Not Reflex 2+
 GIST & Soft Tissue Tumor Profile
 Head & Neck Tumor Profile*
 N/A HRD+ Profile
 Liposarcoma Fusion Profile
 Liver/Biliary Tumor Profile*
 Melanoma Profile*
 Other Solid Tumor Profile*

G - Global **TF** - Tech-Only FISH **TI** - Tech-Only IHC

G TF TI**
 Ovarian Tumor Profile*
 Opt out of HER2 IHC Opt out of FOLR1 IHC
 • Reflex to HER2 (Other) w/Breast Scoring FISH G T if global HER2 IHC is 0 1+ 2+ (Default) 3+
 Do Not Reflex 2+
 Pancreas Tumor Profile* Opt out of HER2 IHC
 • Reflex to HER2 (Other) w/Breast Scoring FISH G T if global HER2 IHC is 0 1+ 2+ (Default) 3+
 Do Not Reflex 2+
 N/A Precision Profile*
 Thyroid Tumor Profile*

***Ordering Pathologist listed has received the required competency training to perform the professional interpretation for PD-L1.
 Please contact Client Services for Lung options.

Patient Information

Last Name: _____ Male Female
First Name: _____ **M.I.** _____ Other Pt ID/Acct #: _____
Date of Birth: mm _____ / dd _____ / yyyy _____ Medical Record #: _____
By completing this section, 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.
 For all other testing, specify which block to use for each if sending multiple blocks. See back for details.

Predictive Marker Fixation (CAP/ASCO Requirement):

*Indicated markers/profiles/panels require fixation information

Cold ischemic duration (mins): _____ ≤ 1 hour Unknown
 Fixative: 10% NBF Other: _____ Unknown
 Fixation duration (hours): _____ 6-72 hours Unknown

RNA-Based NGS Fusion Panels

Brain NGS Fusion Panel NTRK & RET NGS Fusion Panel
 Breast NGS Fusion Panel Prostate NGS Fusion Panel
 Cholangio/Pancreatic Carcinoma NGS Fusion Panel Rhabdomyosarcoma NGS Fusion Panel
 Colorectal NGS Fusion Panel Salivary Gland NGS Fusion Panel
 Ewing Sarcoma NGS Fusion Panel Sarcoma Comprehensive NGS Fusion Panel
 Lung NGS Fusion Panel (ALK, MET, NRG1, NTRK1-3, RET, ROS1)
 Omit ALK and ROS1 Targeted Solid Tumor NGS Fusion Panel
 Non-Ewing Sarcoma NGS Fusion Panel Thyroid NGS Fusion Panel
 NTRK NGS Fusion Panel (NTRK 1-3) Universal Solid Tumor NGS Fusion Panel

Unknown or Uncertain Tumor Type

CancerTYPE ID® with reflex to NeoTYPE® Cancer Profile
 Tumor classification, followed by targeted biomarkers based on CancerTYPE ID result
 NeoTYPE® is global unless marked: Tech-Only FISH Tech-Only IHC***

Other Testing

BRCA1/2 Mutation Analysis for Tumors
 RAS/RAF Panel

G T

Other _____

Breast Cancer Index® (BCI): separate requisitions required, see website.

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 1. 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 contractually 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, client must indicate either "Choose best block (global molecular/NGS testing only)" 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-menu.

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.

NeoTYPE® DNA & RNA Profile - Brain

If the sample is insufficient to produce both DNA and RNA results, the available results will be reported and alternate CPT® Codes may apply. Please see website for details.

CancerTYPE ID® with reflex to NeoTYPE® Cancer Profile

The specific NeoTYPE Cancer Profile added is determined by the CancerTYPE ID result. See www.neogenomics.com for test details.

CancerTYPE ID will be performed, reported and billed separately by Biotheranostics, Inc. For comprehensive details about CancerTYPE ID including test description, intended use, and limitations, visit www.cancertypeid.com.

For our complete test menu, TAT, specimen requirements and more, please visit: www.neogenomics.com