

## 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):	
Treating Oncologist/Physician:	
(please print: Last, First):	
By completing this section, 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 insurance card.

Patient Status (Must Choose 1):	<input type="checkbox"/> Hospital Patient (in)	<input type="checkbox"/> Hospital Patient (out)	<input type="checkbox"/> Non-Hospital Patient		
Bill to:	<input type="checkbox"/> Client Bill	<input type="checkbox"/> Insurance	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Patient/Self-Pay
<input type="checkbox"/> Split Billing - Client (TC) and Insurance (PC) <input type="checkbox"/> OP Molecular to MCR, all other testing to client					
<input type="checkbox"/> Bill charges to other Hospital/Facility:					

Prior Authorization # \_\_\_\_\_ See neogenomics.com/billing section 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/Refractory     Monitoring     MRD

Bone Marrow Transplant (required information for Oncology Cytogenetics):

None     Autologous     Allogeneic     Sex Mismatch

## Consultation

**Compass®** Comprehensive evaluation including morphology

Blood and/or Bone Marrow

Paraffin block for Morphology to follow

**Compass® Select (Without morphology)**

Blood and/or Bone Marrow – Morphology performed by client (Morphology report required. Please fax to avoid testing delays.)

**Lymphoma Consult**

Lymph Node/Tissue for Lymphoma\*

\*Split fresh specimens to RPMI and formalin

Paraffin block for Morphology to follow

**Flow Cytometry** Please attach CBC with all flow requests on blood or bone marrow (required).

Follow-Up/Add-On panels are available in conjunction with, or after, a Main Panel result has been reported by NeoGenomics or client.

**Diagnostic/Predictive Panels**

**G T**    Add-On Tubes

<input type="checkbox"/> <input type="checkbox"/> Standard L/L Panel (24 Markers)	<input type="checkbox"/> AML
<input type="checkbox"/> <input type="checkbox"/> Extended L/L Panel (31 Markers)	<input type="checkbox"/> B-ALL
<input type="checkbox"/> N/A CD4/CD8 Ratio for BAL	<input type="checkbox"/> CLL/Mantle Cell Companion
<input type="checkbox"/> <input type="checkbox"/> High Sensitivity PNH	<input type="checkbox"/> Erythroid-Mega
<input type="checkbox"/> <input type="checkbox"/> T&B Tissue Panel	<input type="checkbox"/> Hairy Cell
<input type="checkbox"/> <input type="checkbox"/> TRBC1/T-Cell Lymphoma Companion	<input type="checkbox"/> Mast Cell
<b>G - Global    T - Tech-Only</b>	<input type="checkbox"/> Plasma Cell
	<input type="checkbox"/> T-ALL
	<input type="checkbox"/> TRBC1/LGL

**Specimen Hold Option:**  Refrigerate and Hold

**Tech-Only Opt Out Option:** To avoid delay in patient care and as medically necessary for an individual patient, additional markers will be added by the flow lab when abnormal populations are detected. Please refer to NeoGenomics Flow Cytometry Guidelines for additional information on tech-only add-on medical necessity criteria.

Tech-only clients may instruct NeoGenomics to not follow this stated criteria by checking this box.

**FISH**    G - Global    T - Tech-Only (Reflex options are available with Global cases only.)

**HemeFISH® Panels**

<b>G T</b>	<input type="checkbox"/> <input type="checkbox"/> AML Favorable-Risk
<input type="checkbox"/> <input type="checkbox"/> Anaplastic Large Cell Lymphoma (ALCL) (FFPE Only)	<input type="checkbox"/> <input type="checkbox"/> AML Non-Favorable Risk
<input type="checkbox"/> <input type="checkbox"/> ALL - Adult	<input type="checkbox"/> <input type="checkbox"/> CLL
<input type="checkbox"/> <input type="checkbox"/> ALL - Pediatric	<input type="checkbox"/> <input type="checkbox"/> Eosinophilia
<input type="checkbox"/> <input type="checkbox"/> ALL, Ph-Like	<input type="checkbox"/> <input type="checkbox"/> High-Grade/Large B-Cell Lymphoma
<input type="checkbox"/> <input type="checkbox"/> ALL Standard	<input type="checkbox"/> <input type="checkbox"/> Reflex to BCL6/MYC, IGL/MYC if MYC+ and IGH/MYC-
<input type="checkbox"/> <input type="checkbox"/> Reflex to 5q-/5, 7q-/7, DEK/NUP214 t(6;9), p53 (17p13.1)/NF1 (17q11) and NUP98 (11p15) if negative	

**Plasma Cell Myeloma Panels** - Plasma Cell Enrichment will be performed on all bone marrow samples having plasma cell FISH tests.

<b>G T</b>	<input type="checkbox"/> <input type="checkbox"/> Plasma Cell Myeloma - <input type="checkbox"/> Do not reflex to IgH Complex (applies to global only; tech-only will not reflex)	<input type="checkbox"/> <input type="checkbox"/> Plasma Cell Myeloma IgH Complex
		<input type="checkbox"/> <input type="checkbox"/> Plasma Cell Myeloma Prognostic Panel

**Individual Probes**

<b>G T</b>	<input type="checkbox"/> <input type="checkbox"/> CDKN2A (p16) Deletion for ALL	<input type="checkbox"/> <input type="checkbox"/> JAK2 (9p24.1)
<input type="checkbox"/> <input type="checkbox"/> 1p36 Deletion	<input type="checkbox"/> <input type="checkbox"/> DUSP22-IRF4 Rearrangement with 11q Aberration	<input type="checkbox"/> <input type="checkbox"/> MYC/Igh/CECN8 (8;14)
<input type="checkbox"/> <input type="checkbox"/> ALK for Lymphoma	<input type="checkbox"/> <input type="checkbox"/> High-Grade B-Cell Lymphoma	<input type="checkbox"/> <input type="checkbox"/> NUP98
<input type="checkbox"/> <input type="checkbox"/> BCL6/MYC t(3;8)	<input type="checkbox"/> <input type="checkbox"/> IgH/MAF4 t(14;20)	<input type="checkbox"/> <input type="checkbox"/> TCL1 (14q32.1)
<input type="checkbox"/> <input type="checkbox"/> BIRC3 (API2)/MALT1 t(11;18)	<input type="checkbox"/> <input type="checkbox"/> IgK/MYC (2;8)	<input type="checkbox"/> <input type="checkbox"/> TP63 Rearrangement
<input type="checkbox"/> <input type="checkbox"/> BCR/ABL1/ASS1 t(9;22)	<input type="checkbox"/> <input type="checkbox"/> IGL/MYC (8;22)	<input type="checkbox"/> <input type="checkbox"/> PML/RARA t(15;17)
		<input type="checkbox"/> <input type="checkbox"/> Other

**Specimen Hold Option:**  Direct Harvest and Hold     Plasma Cell Enrichment and Hold

## Patient Information

Last Name: \_\_\_\_\_  Male  Female

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Medical Record #: \_\_\_\_\_

Date of Birth: mm \_\_\_\_\_ / dd \_\_\_\_\_ / yyyy \_\_\_\_\_ Other Pt ID/Acct #: \_\_\_\_\_

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: \_\_\_\_\_

Bone Marrow [must provide CBC and Path Report]:

Green Top(s) \_\_\_\_\_ Purple Top(s) \_\_\_\_\_ Core Biopsy \_\_\_\_\_ Clot \_\_\_\_\_

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.

**Comments:** \_\_\_\_\_

## Cytogenetics

Oncology Chromosome Analysis

Reflex FISH if cytogenetics is normal (reflex FISH panel must be marked)

Reflex to FISH if cytogenetics is incomplete (<20 metaphases)

G  T MDS Standard FISH

G  T MDS Extended FISH

Follow-up Constitutional Chromosome Analysis (only if recommended by Oncology Chromosome Analysis)

Other: \_\_\_\_\_

**Specimen Hold Option:**  Culture and Hold (liquid samples & lymph nodes; n/a for solid tissues)

## Molecular Genetics

<input type="checkbox"/> ABL1 Kinase Domain (Gleevec® resistance)*	<input type="checkbox"/> IDH1/IDH2 by PCR
<input type="checkbox"/> B-Cell Gene Rearrangement	<input type="checkbox"/> IgH Clonality by NGS
<input type="checkbox"/> BCR-ABL1 Standard p210, p190*	<input type="checkbox"/> Baseline testing of original primary sample required
<input type="checkbox"/> BCR-ABL1 Standard p210, p190* with reflex to ABL1	<input type="checkbox"/> IgVH Mutation Analysis*
<input type="checkbox"/> Kinase Domain if positive	<input type="checkbox"/> inv(16) CBFB-MYH11*
<input type="checkbox"/> BCR-ABL1 Standard p210, p190* with reflex to BCR-ABL1	<input type="checkbox"/> JAK2 V617F Mutation Analysis by NGS (select one):
<input type="checkbox"/> Non-Standard p230 if negative	<input type="checkbox"/> If negative, reflex to CALR
<input type="checkbox"/> BCR-ABL1 Non-Standard p230*	<input type="checkbox"/> If negative, reflex to MPL
<input type="checkbox"/> BRAF Mutation Analysis	<input type="checkbox"/> If negative, reflex to JAK2 Extended (Exon 12-15 non-V617F)
<input type="checkbox"/> BTK Inhibitor Acquired Resistance Panel	<input type="checkbox"/> If negative, reflex to CALR
<input type="checkbox"/> CALR Mutation Analysis by NGS	<input type="checkbox"/> If negative, reflex to MPL
<input type="checkbox"/> CEBPA Mutation Analysis	<input type="checkbox"/> JAK2 V617F - Quantitative
<input type="checkbox"/> CXCR4 Mutation Analysis	<input type="checkbox"/> JAK2 Extended (Exon 12-15 non-V617F)
<input type="checkbox"/> FLT3 Mutation Analysis	<input type="checkbox"/> Mutation Analysis by NGS

\* Test is RNA-based    Specimen Hold Options:  Extract & Hold - DNA     Extract & Hold - RNA

## Next-Generation Sequencing Panels

<b>G T</b>	<input type="checkbox"/> NeoTYPE AITL/Peripheral T-Cell Lymphoma	<input type="checkbox"/> NeoTYPE Follicular Lymphoma Profile
<input type="checkbox"/> <input type="checkbox"/> NeoTYPE ALL Profile	<input type="checkbox"/> N/A NeoTYPE Lymphoid Disorders Profile	
<input type="checkbox"/> <input type="checkbox"/> NeoTYPE AML Prognostic Profile	<input type="checkbox"/> N/A NeoTYPE Lymphoma Profile	
<input type="checkbox"/> <input type="checkbox"/> NeoTYPE AML Prognostic Profile+FLT3 by PCR*	<input type="checkbox"/> N/A NeoTYPE MDS/CMML Profile	
<input type="checkbox"/> <input type="checkbox"/> NeoTYPE CLL Profile	<input type="checkbox"/> N/A NeoTYPE MDS/CMML Profile	
<input type="checkbox"/> <input type="checkbox"/> Add IgVH Mutation Analysis	<input type="checkbox"/> N/A NeoTYPE MDS/CMML Profile + FLT3 by PCR*	
<input type="checkbox"/> <input type="checkbox"/> N/A NEO AML Express (client-bill only)*		
<input type="checkbox"/> <input type="checkbox"/> Neo Comprehensive – Heme Cancers		
<input type="checkbox"/> <input type="checkbox"/> Neo Comprehensive – Heme Cancers + FLT3 by PCR*		
<input type="checkbox"/> <input type="checkbox"/> Neo Comprehensive – Myeloid Disorders		
<input type="checkbox"/> <input type="checkbox"/> Neo Comprehensive – Myeloid Disorders + FLT3 by PCR*		

**Specimen Hold Option:**  Extract & Hold - TNA (not available for NEO AML Express)

\*Please see back page for detailed info on Intended Use and/or Billing for FLT3 by PCR and NEO AML Express

## FlexREPORT®

FlexREPORT: Please add summary report option to this case.

## Specimen Requirements

Refrigerate specimen if not shipping immediately and use cool pack during transport. Please call the Client Services team with any questions regarding specimen requirements or shipping instructions at 866.776.5907 option 3. 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, clients 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 the Client Services team with any questions regarding specimen information.

## Specimen Hold Option Descriptions

To preserve the integrity of samples and avoid unnecessary testing, NeoGenomics Laboratories offers the option of processing samples to maintain specimen integrity for extended periods, without a test order. Any hold order will result in billed charges to the ordering client if testing is not ordered/Performed. Specimen Hold Options include:

**FISH: Direct Harvest and Hold:** FISH specimens will be minimally processed and directly harvested while the cells are still viable. Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

**Plasma Cell Enrichment and Hold:** Plasma cells will be isolated for bone marrow specimens. Sample should be received at NeoGenomics Laboratories within 72 hours of collection. Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

**Flow Cytometry: Refrigerate and Hold:** Flow cytometry samples will be refrigerated and retained for 28 days, however, optimal stability is within 72 hours of collection.

**Molecular Testing: Extract Nucleic Acid and Hold:** Nucleic acid (DNA or RNA or TNA) will be isolated from viable cells and stored in a freezer. **Use this option when it is known which test(s) may be added.** Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

## Test Descriptions

Please see complete test descriptions and all available tests at our website, [www.neogenomics.com/test-menu](http://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.

### FlexREPORT®

FlexREPORT can be ordered on any global or tech-only testing referred to NeoGenomics. This report template can be used to import data and images collected from testing performed outside of NeoGenomics, and incorporated into a one page summary report. Client logo and contact information will be in the header of the FlexREPORT.

### FISH

Plasma cell myeloma FISH panels: Plasma cell enrichment will be performed on bone marrow samples having plasma cell FISH. Sample should be received at NeoGenomics Laboratories within 72 hours of collection.

### FLT3 Testing with NeoTYPE and Neo Comprehensive profiles

**The FLT3 Mutation Analysis test is available as client-bill only when ordered with NeoTYPE and Neo Comprehensive.** The Molecular case reports separately from the NeoTYPE or Neo Comprehensive Profile (which also includes FLT3 gene by NGS) for the purpose of prompt therapy selection in patients with a *new* diagnosis of AML.

### NEO AML Express

The NEO AML Express test is available as Client-Bill only. Client is financially responsible for this test order.