Instructions for completing NeoGenomics test requisition forms

Please include all required fields marked in bold below.

1 Client information

Account Number/Account Name: If you do not know or do not have an account number, please call NeoGenomics Client Services to retrieve it.

Test Authorization and Physician Signature are required: Important information to support the testing that is medically necessary for the patient's condition, which supports claim payment for both clients and NeoGenomics.

2 Patient information

Patient Legal Name: (Last, First, MI), Biological Sex, Date of Birth, and Medical Record #.

3 Billing information

Required: Select **Patient Status**. This is the patient's status at the time of specimen collection. After completing patient status, select at least one **Bill to** option and attach **Prior Authorization** to avoid unnecessary billing charges.

See below for definitions of each Bill to option.

Client Bill: All charges billed to client (listed in #1 above).

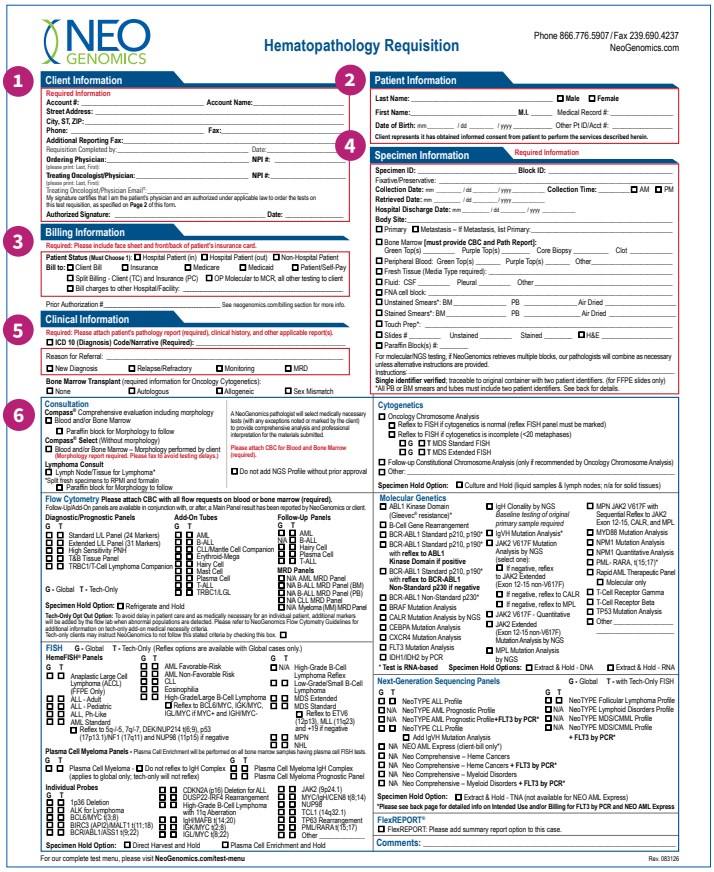
Insurance/Medicare/Medicaid: All charges billed to insurance except when payor follows CMS guidelines and patient status indicated as inpatient or outpatient.

Patient/Self-Pay: All charges billed to patient.

Split Billing — Client (TC) and Insurance (PC): All Technical Component (TC) charges billed to client (listed in #1 above), all Professional Component (PC) charges to insurance.

Out-patient Molecular to MCR, all other testing to client: Molecular testing billed to Medicare, all other testing to client (listed in #1 above).

Bill charges to other Hospital/Facility: If billing to a client not listed in #1 above, please indicate name and address here.



NEO GENOMICS

Hematopathology Requisition

Phone 866.776.5907 / Fax 239.690.4237
NeoGenomics.com

1 Client Information

Required Information
Account #: _____ Account Name: _____
Street Address: _____
City, ST, ZIP: _____
Phone: _____ Fax: _____
Additional Reporting Fax: _____
Requisition Completed by: _____ Date: _____
Ordering Physician: _____ NPI #: _____
(please print: Last, First)
Treating Oncologist/Physician: _____ NPI #: _____
(please print: Last, First)
Treating Oncologist/Physician Email*: _____
My signature certifies that I am the patient's physician and am authorized under applicable law to order the tests on this test requisition, as specified on Page 2 of this form.
Authorized Signature: _____ Date: _____

2 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.

3 Billing Information

Required: Please include face sheet and front/back of patient's insurance card.
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 section for more info.

4 Specimen Information

Required 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: _____
☐ Unstained Smears*: BM _____ PB _____ Air Dried _____
☐ Stained Smears*: BM _____ PB _____ Air Dried _____
☐ Touch Prep*: _____
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Paraffin Block(s) #: _____
For molecular/NGS testing, if NeoGenomics retrieves multiple blocks, our pathologists will combine as necessary unless alternative instructions are provided.
Instructions: _____
Single identifier verified; traceable to original container with two patient identifiers. (for FFPE slides only)
*All PB or BM smears and tubes must include two patient identifiers. See back for details.

5 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

6 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

A NeoGenomics pathologist will select medically necessary tests (with any exceptions noted or marked by the client) to provide comprehensive analysis and professional interpretation for the materials submitted.
Please attach CBC for Blood and Bone Marrow (required).
☐ Do not add NGS Profile without prior approval

Cytogenetics
☐ Oncology Chromosome Analysis
☐ Reflex to 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)

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/Prognostic Panels
G T
☐ ☐ Standard LIL Panel (24 Markers)
☐ ☐ Extended LIL Panel (31 Markers)
☐ ☐ High Sensitivity PNH
☐ ☐ T&B Tissue Panel
☐ ☐ TRBC1/T-Cell Lymphoma Companion
G - Global T - Tech-Only

Add-On Tubes
G T
☐ ☐ AML
☐ ☐ B-ALL
☐ ☐ CLL/Mantle Cell Companion
☐ ☐ Erythroid-Mega
☐ ☐ Hairy Cell
☐ ☐ Mast Cell
☐ ☐ Plasma Cell
☐ ☐ T-ALL
☐ ☐ TRBC1/LGL

Follow-Up Panels
G T
☐ ☐ AML
☐ ☐ B-ALL
☐ ☐ Hairy Cell
☐ ☐ Plasma Cell
☐ ☐ T-ALL

MRD Panels
☐ N/A AML MRD Panel
☐ N/A B-ALL MRD Panel (BM)
☐ N/A B-ALL MRD Panel (PB)
☐ N/A CLL MRD Panel
☐ N/A Myeloma/MM/MRD Panel

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. ☐

Molecular Genetics
☐ ABL1 Kinase Domain (Gleevec® resistance)*
☐ B-Cell Gene Rearrangement
☐ BCR-ABL1 Standard p210, p190*
☐ BCR-ABL1 Standard p210, p190* with reflex to ABL1 Kinase Domain if positive
☐ BCR-ABL1 Standard p210, p190* with reflex to BCR-ABL1 Non-Standard p230 if negative
☐ BCR-ABL1 Non-Standard p230*
☐ BRAF Mutation Analysis
☐ CALR Mutation Analysis by NGS
☐ CEBPA Mutation Analysis
☐ CXCR4 Mutation Analysis
☐ FLT3 Mutation Analysis
☐ IDH1/IDH2 by PCR
☐ IgH Clonality by NGS (Baseline testing of original primary sample required)
☐ IgVH Mutation Analysis*
☐ JAK2 V617F Mutation Analysis by NGS (select one):
☐ If negative, reflex to JAK2 Extended (Exon 12-15 non-V617F)
☐ If negative, reflex to MPL
☐ JAK2 V617F - Quantitative
☐ JAK2 Extended (Exon 12-15 non-V617F) Mutation Analysis by NGS
☐ MPL Mutation Analysis by NGS
☐ MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-15, CALR, and MPL
☐ MYD88 Mutation Analysis
☐ NPM1 Mutation Analysis
☐ NPM1 Quantitative Analysis
☐ PML - RARA, t(15;17)*
☐ Rapid AML Therapeutic Panel
☐ Molecular only
☐ T-Cell Receptor Gamma
☐ T-Cell Receptor Beta
☐ TP53 Mutation Analysis
☐ Other _____
* Test is RNA-based Specimen Hold Options: ☐ Extract & Hold - DNA ☐ Extract & Hold - RNA

FISH G - Global T - Tech-Only (Reflex options are available with Global cases only)
HemeFISH® Panels
G T
☐ ☐ Anaplastic Large Cell Lymphoma (ACCL) (FFPE Only)
☐ ☐ ALL - Adult
☐ ☐ ALL - Pediatric
☐ ☐ ALL: Ph-Like
☐ ☐ AML Standard
☐ Reflex to 5q-/-5, 7q-/-7, DEK/NUP214 t(6;9), p53 (17p13.1)/NF1 (17q11) and NUP98 (11p15) if negative
☐ ☐ AML Favorable-Risk
☐ ☐ AML Non-Favorable Risk
☐ ☐ CLL
☐ ☐ Eosinophilia
☐ ☐ High-Grade/Large B-Cell Lymphoma
☐ Reflex to BCL6/MYC, IGK/MYC, IGL/MYC if MYC+ and IGH/MYC-
☐ ☐ High-Grade B-Cell Lymphoma Reflex
Low-Grade/Small B-Cell Lymphoma
☐ ☐ MDS Extended
☐ ☐ MDS Standard
☐ Reflex to ETV6 (12p13), MLL (11q23) and +19 if negative
☐ ☐ MPN
☐ ☐ NHL
☐ ☐ N/A

Plasma Cell Myeloma Panels - Plasma Cell Enrichment will be performed on all bone marrow samples having plasma cell FISH tests
G T
☐ ☐ Plasma Cell Myeloma - ☐ Do not reflex to IgH Complex (applies to global only; tech-only will not reflex)
☐ ☐ Plasma Cell Myeloma IgH Complex
☐ ☐ Plasma Cell Myeloma Prognostic Panel

Individual Probes
G T
☐ ☐ 1p36 Deletion
☐ ☐ ALK for Lymphoma
☐ ☐ BCL6/MYC t(3;8)
☐ ☐ BIRC3 (API2)/MALT1 t(11;18)
☐ ☐ BCR/ABL1/ASS1 t(9;22)
☐ ☐ CDKN2A (p16) Deletion for ALL
☐ ☐ DUSP22/IRF4 Rearrangement
☐ ☐ High-Grade B-Cell Lymphoma with 11q Aberration
☐ ☐ IgH/MAFB t(14;20)
☐ ☐ IGK/MYC (8;22)
☐ ☐ IGL/MYC (8;22)
☐ ☐ JAK2 (9p24.1)
☐ ☐ MYC/IgH/CCN6 t(8;14)
☐ ☐ NUP98
☐ ☐ TCL1 (14q32.1)
☐ ☐ TP63 Rearrangement
☐ ☐ PML/RARA t(15;17)
☐ ☐ Other _____
Specimen Hold Option: ☐ Direct Harvest and Hold ☐ Plasma Cell Enrichment and Hold

Next-Generation Sequencing Panels G - Global T - with Tech-Only FISH
G T
☐ ☐ NeoTYPE ALL Profile
☐ N/A NeoTYPE AML Prognostic Profile
☐ N/A NeoTYPE AML Prognostic Profile +FLT3 by PCR*
☐ ☐ NeoTYPE CLL Profile
☐ Add IgVH Mutation Analysis
☐ N/A NEO AML Express (client-bill only*)
☐ N/A Neo Comprehensive – Heme Cancers
☐ N/A Neo Comprehensive – Heme Cancers + FLT3 by PCR*
☐ N/A Neo Comprehensive – Myeloid Disorders
☐ N/A Neo Comprehensive – Myeloid Disorders + FLT3 by PCR*
G T
☐ ☐ NeoTYPE Follicular Lymphoma Profile
☐ N/A NeoTYPE Lymphoid Disorders Profile
☐ N/A NeoTYPE MDS/CMML Profile
☐ N/A NeoTYPE MDS/CMML Profile + 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

FlowREPORT™
☐ FlexREPORT: Please add summary report option to this case.

Comments: _____

For our complete test menu, please visit NeoGenomics.com/test-menu

Rev. 083126

4 Specimen information

Provide information only for the specimen type that is being submitted.

All submitted orders require: Specimen ID, Date (collection, retrieved, and discharge), body site, specimen type, block direction, and prep method.

To ensure compliance with the College of American Pathologists (CAP), **all client-submitted peripheral blood (PB) or bone marrow (BM) smears and tubes must include two patient identifiers.** In addition, when submitting hematology smears, the specimen source should be clearly indicated on the test requisition form and tubes and is highly recommended to be added to the smears.

5 Clinical information/patient history

Providing diagnosis information that supports medical necessity assists with turnaround time by preventing follow-up from our Client Services, Billing, and Pathology groups.

To prevent a delay in patient care and to avoid billing issues, include:

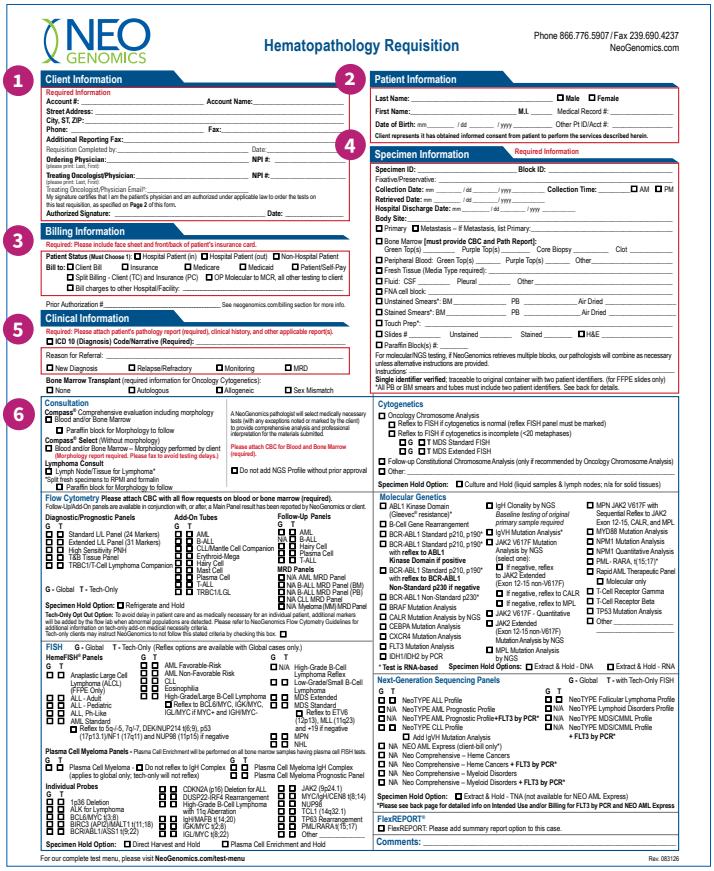
Required: Diagnosis Code/ICD Code, Reason for Referral, and Stage OR Disease status.

Attachments: The most recent progress note, history and physical examination (H&P), and any other records supporting medical necessity for the testing may be required by the patient's insurance plan. In addition, supplementary test results may assist our pathologists in their assessment of the case. Scan and include these documents with submission. Utilizing online ordering will make this process easier.

6 Test selection

Select one or more tests to be run. Indicate level of service desired; Global (G), where NeoGenomics performs both the testing and interpretation, or Technical only (T).

Write in any additional NeoGenomics tests you do not see listed as "Other".



NEO GENOMICS

Hematopathology Requisition

Phone 866.776.5907 / Fax 239.690.4237
NeoGenomics.com

1 Client Information

Required Information
Account #: _____ Account Name: _____
Street Address: _____
City, ST, ZIP: _____
Phone: _____ Fax: _____
Additional Reporting Fax: _____
Requisition Completed by: _____ Date: _____
Ordering Physician: _____ NPI #: _____
(please print: Last, First)
Treating Oncologist/Physician: _____ NPI #: _____
(please print: Last, First)
Treating Oncologist/Physician Email*: _____
My signature certifies that I am the patient's physician and am authorized under applicable law to order the tests on this test requisition, as specified on Page 2 of this form.
Authorized Signature: _____ Date: _____

2 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.

3 Billing Information

Required: Please include face sheet and front/back of patient's insurance card.
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 section for more info.

4 Specimen Information

Required 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: _____
☐ Unstained Smears*: BM _____ PB _____ Air Dried _____
☐ Stained Smears*: BM _____ PB _____ Air Dried _____
☐ Touch Prep*: _____
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Paraffin Block(s) #: _____
For molecular/NGS testing, if NeoGenomics retrieves multiple blocks, our pathologists will combine as necessary unless alternative instructions are provided.
Instructions: _____
Single identifier verified; traceable to original container with two patient identifiers. (for FFPE slides only)
*All PB or BM smears and tubes must include two patient identifiers. See back for details.

5 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

6 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

A NeoGenomics pathologist will select medically necessary tests (with any exceptions noted or marked by the client) to provide comprehensive analysis and professional interpretation for the materials submitted.
Please attach CBC for Blood and Bone Marrow (required).
☐ Do not add NGS Profile without prior approval

Cytogenetics

☐ Oncology Chromosome Analysis
☐ Reflex to 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)

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/Prognostic Panels
G T
☐ ☐ Standard L/L Panel (24 Markers)
☐ ☐ Extended L/L Panel (31 Markers)
☐ ☐ High Sensitivity PNH
☐ ☐ TdB Tissue Panel
☐ ☐ TRBC1/T-Cell Lymphoma Companion
G - Global T - Tech-Only

Add-On Tubes
G T
☐ ☐ AML
☐ ☐ B-ALL
☐ ☐ CLL/Mantle Cell Companion
☐ ☐ Erythroid-Mega
☐ ☐ Hairy Cell
☐ ☐ Mast Cell
☐ ☐ Plasma Cell
☐ ☐ T-ALL
☐ ☐ TRBC1/LGL

Follow-Up Panels
G T
☐ ☐ AML
☐ ☐ B-ALL
☐ ☐ Hairy Cell
☐ ☐ Plasma Cell
☐ ☐ T-ALL

MRD Panels
☐ N/A AML MRD Panel
☐ N/A B-ALL MRD Panel (BM)
☐ N/A B-ALL MRD Panel (PB)
☐ N/A CLL MRD Panel
☐ N/A Myeloma (MM) MRD Panel

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. ☐

Molecular Genetics

☐ ABL1 Kinase Domain (Gleevec® resistance)*
☐ B-Cell Gene Rearrangement
☐ BCR-ABL1 Standard p210, p190*
☐ BCR-ABL1 Standard p210, p190* with reflex to ABL1 Kinase Domain if positive
☐ BCR-ABL1 Standard p210, p190* with reflex to BCR-ABL1 Non-Standard p230 if negative
☐ BCR-ABL1 Non-Standard p230*
☐ BRAF Mutation Analysis
☐ CALR Mutation Analysis by NGS
☐ CEBPA Mutation Analysis
☐ CXCR4 Mutation Analysis
☐ FLT3 Mutation Analysis
☐ IDH1/IDH2 by PCR
☐ IgH Clonality by NGS (Baseline testing of original primary sample required)
☐ IgVH Mutation Analysis*
☐ JAK2 V617F Mutation Analysis by NGS (select one):
☐ If negative, reflex to JAK2 Extended (Exon 12-15 non-V617F)
☐ If negative, reflex to CALR
☐ If negative, reflex to MPL
☐ JAK2 V617F - Quantitative
☐ JAK2 Extended (Exon 12-15 non-V617F) Mutation Analysis by NGS
☐ MPL Mutation Analysis by NGS
☐ MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-15, CALR, and MPL
☐ MYD88 Mutation Analysis
☐ NPM1 Mutation Analysis
☐ NPM1 Quantitative Analysis
☐ PML- RARA, t(15;17)*
☐ Rapid AML Therapeutic Panel
☐ Molecular only
☐ T-Cell Receptor Gamma
☐ T-Cell Receptor Beta
☐ TP53 Mutation Analysis
☐ Other _____
* Test is RNA-based
Specimen Hold Options: ☐ Extract & Hold - DNA ☐ Extract & Hold - RNA

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

HemeFISH® Panels
G T
☐ ☐ Anaplastic Large Cell Lymphoma (ALCL) (FFPE Only)
☐ ☐ ALL - Adult
☐ ☐ ALL - Pediatric
☐ ☐ ALL: Ph-Like
☐ ☐ AML Standard
☐ Reflex to 5q-/-5, 7q-/-7, DEK/NUP214 t(6;9), p53 (17p13.1)/NF1 (17q11) and NUP98 (11p15) if negative
☐ ☐ AML Favorable-Risk
☐ ☐ AML Non-Favorable Risk
☐ ☐ CLL
☐ ☐ Eosinophilia
☐ ☐ High-Grade/Large B-Cell Lymphoma
☐ Reflex to BCL6/MYC, IGK/MYC, IGL/MYC if MYC+ and IGH/MYC-
☐ ☐ N/A High-Grade B-Cell Lymphoma Reflex
Low-Grade/Small B-Cell Lymphoma
☐ ☐ MDS Extended
☐ ☐ MDS Standard
☐ Reflex to ETV6 (12p13), MLL (11q23) and +19 if negative
☐ ☐ MPN
☐ ☐ NHL

Plasma Cell Myeloma Panels - Plasma Cell Enrichment will be performed on all bone marrow samples having plasma cell FISH tests
G T
☐ ☐ Plasma Cell Myeloma - ☐ Do not reflex to IgH Complex (applies to global only; tech-only will not reflex)
☐ ☐ Plasma Cell Myeloma IgH Complex
☐ ☐ Plasma Cell Myeloma Prognostic Panel

Individual Probes
G T
☐ ☐ 1p36 Deletion
☐ ☐ ALK for Lymphoma
☐ ☐ BCL6/MYC (t3;8)
☐ ☐ BIRC3 (API2/MALT1 (t(11;18)
☐ ☐ BCR/ABL1/ASS1 t(9;22)
☐ ☐ CDKN2A (p16) Deletion for ALL
☐ ☐ DUSP22-IRF4 Rearrangement
☐ ☐ High-Grade B-Cell Lymphoma with 11q Aberration
☐ ☐ IgH/MAFB (t.14;20)
☐ ☐ IGK/MYC (t2;8)
☐ ☐ IGL/MYC (t8;22)
☐ ☐ JAK2 (9p24.1)
☐ ☐ MYC/IgH/CCND1 t(8;14) NUP98
☐ ☐ TCL1 (14q32.1)
☐ ☐ TP63 Rearrangement
☐ ☐ PML/RARA t (15;17)
☐ ☐ Other _____

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

Next-Generation Sequencing Panels G - Global T - with Tech-Only FISH

G T
☐ ☐ NeoTYPE ALL Profile
N/A N/A NeoTYPE AML Prognostic Profile
N/A N/A NeoTYPE AML Prognostic Profile +FLT3 by PCR*
☐ ☐ NeoTYPE CLL Profile
Add IgVH Mutation Analysis
N/A N/A NEO-AML Express (client-bill only*)
N/A N/A Neo Comprehensive – Heme Cancers
N/A N/A Neo Comprehensive – Heme Cancers + FLT3 by PCR*
N/A N/A Neo Comprehensive – Myeloid Disorders
N/A N/A Neo Comprehensive – Myeloid Disorders + FLT3 by PCR*

G T
☐ ☐ NeoTYPE Follicular Lymphoma Profile
N/A N/A NeoTYPE Lymphoid Disorders Profile
N/A N/A NeoTYPE MDS/CMML Profile
N/A N/A NeoTYPE MDS/CMML Profile + 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.

Comments: _____

For our complete test menu, please visit NeoGenomics.com/test-menu

Rev: 083126

If you prefer to order electronically, we offer a streamlined ordering platform that provides the resources you need to order the right test. We integrate directly with your laboratory and several EHR systems for easy ordering.

If you have questions on how to order a NeoGenomics test, please contact our Client Services team at Client.Services@NeoGenomics.com or call 866.776.5907, option 3.

NeoGenomics, Inc. is a premier cancer diagnostics company specializing in cancer genetics testing and information services. We offer one of the most comprehensive oncology-focused testing menus across the cancer continuum, serving oncologists, pathologists, hospital systems, academic centers, and pharmaceutical firms with innovative diagnostic and predictive testing to deliver timely, actionable insights that guide personalized care decisions. Headquartered in Fort Myers, FL, NeoGenomics operates a network of CAP-accredited and CLIA-certified laboratories for full-service sample processing and analysis services throughout the US and a CAP-accredited full-service sample-processing laboratory in Cambridge, England.

NEO GENOMICS

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NeoGenomics.com

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