For NeoGenomics use only

RaDaR® ST Requisition Form

NEO GENOMICS

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The following supplemental documentation is attached: ☐ **Pathology Report** ☐ **Insurance Information** ☐ Clinical Notes ☐ Relevant Test Results

Please complete and return by fax or email. *Incomplete or missing data may result in delayed testing.* ***Bold fields are required.***

CLIENT INFORMATION

Account Number **Account Name**

Street Address

City, State, Zip

Phone# **Fax#**

Req Completed By **Date** / /

Ordering Physician **NPI#**

Email*

PATIENT INFORMATION

First Name / Middle Initial / Last Name

Date of Birth / /

Biological Sex ☐ M ☐ F ☐ Unknown

Street Address

City, State, Zip

Phone# ☐ Mobile ☐ Home

Email

Medical Record #

BILLING INFORMATION – Please include face sheet and insurance card

Bill Type ☐ Medicare ☐ Medicaid ☐ Commercial Insurance ☐ Patient/Self Pay ☐ Hospital/Institution

Patient Status at Time of Specimen Collection ☐ Office (non-hospital) ☐ Hospital Outpatient ☐ Hospital Inpatient, Date of Discharge / /

Primary Insurance Plan | Policy Holder Name

Subscriber ID | Group # | Prior Authorization #

Policy Holder DOB / / | Patient Relationship to Policy Holder ☐ Self ☐ Spouse ☐ Child Other:

CURRENT DIAGNOSIS AND RELEVANT CLINICAL HISTORY

Cancer Type

- ☐ Breast
  - ☐ HR+ / HER2-
  - ☐ HR+ / HER2+
  - ☐ HR- / HER2+
  - ☐ TNBC
- ☐ Head & Neck
  - ☐ HPV-negative
  - ☐ HPV-positive
- ☐ Bladder
- ☐ Colorectal
- ☐ Lung
- ☐ Melanoma
- ☐ Other: _____

Stage

☐ I ☐ IIB ☐ II ☐ IV ☐ IIIA

Date of Diagnosis / /

Treatments (Select all planned or active treatment(s)):

☐ Surgery
☐ Radiation
☐ Chemotherapy
☐ Immunotherapy
☐ None/ No evidence of disease

Primary ICD-10 Codes (C and D codes only)

TEST SELECTION – Full test menu at NeoGenomics.com

Test Options

☐ RaDaR ST – First Timepoint
☐ RaDaR ST – Follow-up Timepoint

Cadence and Collection Plan *(only required for RaDaR ST - First Timepoint test selection)*

Applies to future orders and selections are saved to your account. Follow-up orders may leave these blank. Selections are valid for 12 months

Testing Cadence

☐ Recommend schedule* (default) ☐ Every 3 months
☐ One-time order ☐ Every 4 months
☐ Every 2 months ☐ Every 6 months

Blood Collection Plan

☐ NeoGenomics managed (default)
☐ Provider managed

BLOOD SPECIMEN INFORMATION

☐ Mobile Phlebotomy Request | OR | ☐ Shipping Specimen | Blood collection date / /

TISSUE SPECIMEN INFORMATION (Only required for RaDaR ST - First Timepoint test selection)

Planned Surgical Resection Date / / If surgery has not yet occurred, check ☐ to have testing attempted on the biopsy specimen.

Tissue Specimen Location Information | Date of Tissue Collection / /

Pathology Lab Name | Physician is requesting a specific specimen

Specimen ID: _____

City, State, Zip | Body site: ☐ Primary ☐ Metastasis ☐ Unknown

Phone# Fax# | For molecular/NGS testing, NeoGenomics pathologists will determine optimal FFPE block selection and/or combine received blocks for testing as medically appropriate.

Exceptions:

PHYSICIAN SIGNATURE and CONSENT

Ordering Physician Signature **Printed Name** **Date** / /

My signature certifies that (1) I am the patient's treating physician and am authorized under applicable law to order the tests on this test requisition, (2) each test ordered on this test requisition is medically necessary for the patient, (3) the results of each test will inform the patient's ongoing treatment plan and will be used in the management of the patient's care, (4) I explained to the patient the nature and purpose of each test to be performed pursuant to this test requisition, including, but not limited to, the purpose, capabilities, limitations, benefits and risks of each test, and the patient has had the opportunity to ask questions regarding each test and the collection, use, and disclosure of his/her samples and data, (5) I obtained from the patient all consents and authorizations required by applicable state and federal laws for the performance and billing of the ordered tests, which I will maintain on file and provide to NeoGenomics upon request, and (6) my decision to order these tests is not conditioned on, and was not influenced by, any remuneration, incentive, or other pecuniary benefit offered or provided by NeoGenomics or any third party, whether directly or indirectly.

RaDaR ST Certification: If ordering RaDaR ST, the undersigned additionally certifies that he/she understands Medicare's medical necessity criteria for RaDaR ST listed on the back of this form.

* *In addition to being shared with the ordering physician who signs this Requisition Form, test results may be automatically shared with any treating oncologist/physician identified on this Requisition Form who is different from the ordering physician.*

RaDaR® ST Requisition Form

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 that NeoGenomics: (i) does not receive the billing information required for it to bill any Payers within ten (10) 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.

Conditions for Medicare Coverage: RaDaR ST is a tumor informed circulating tumor DNA (ctDNA) assay. This test includes whole exome sequencing of a tumor sample, development of a patient specific panel, followed by multiplex polymerase chain reaction (PCR) and next generation sequencing (NGS) for the detection of ctDNA in the cell-free DNA extracted from a plasma specimen. For select clinical history an Advanced Beneficiary Notice (ABN) will be required. In accordance with Medicare's MolDX Palmetto LCD L38779, testing is appropriate under the following circumstances:

- The conditions set by NCD 90.2 are fulfilled (summarized: the patient has advanced cancer; plans on being treated for said cancer, and has not been previously tested with the same test for the same genetic content) or are not applicable (the patient does not have cancer as defined below);
- The patient has a personal history of cancer, the type and staging of which is within the intended use of the MRD test;
- The identification of recurrence or progression of disease within the intended use population of the test is identified in the National Comprehensive Cancer Network (NCCN) or other established guidelines as a condition that requires a definitive change in patient management.

Contraindications: The RaDaR ST assay is not available to patients who are pregnant, have concurrent malignancies, have had blood transfusions within three months prior to blood sample, or have had allogeneic bone marrow/stem cell transplant at any time.

Specimen Requirements & 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 to ensure adequate material and reliable results.

Peripheral blood: 2 x 10 mL Streck Cell-Free DNA BCT® tubes. Do not refrigerate. Special collection tubes and shipping requirements apply.

Tissue: The following is requested: A single block for large resections where tumor is abundant, or up to 4 blocks from procedures with smaller specimens (e.g. Core biopsy, cell block). Only blocks from the same procedure and same tumor should be submitted together. Please call the Client Services team with any questions regarding specimen information.

Recommended Testing Cadence: RaDaR ST recommended testing cadences are determined based on clinical utility data and the patients' insurance coverage.

Test Descriptions: For our complete test menu, turnaround times, specimen requirements, and more, please visit **NeoGenomics.com/Test-Menu.**