Immunohistochemistry and Special Stain Requisition

Phone 866.776.5907 / Fax 239.690.4237
NeoGenomics.com

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):

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:** _____

Billing Information

Required: Please include face sheet and front/back of card for both primary and secondary insurance.

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 ☐ IV Note: _____

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: _____

☐ FNA cell block: _____

☐ Smears: Air Dried _____ Fixed _____ Stained **(type of stain)** _____

☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____

☐ Paraffin Block(s) #: _____ ☐ **Perform IHC testing on all blocks, unless otherwise noted.**
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/panels/profiles require fixation information*

Cold ischemic duration (mins): _____ ☐ ≤ 1 hour ☐ Unknown

Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown

Fixation duration (hours): _____ ☐ 6-72 hours ☐ Unknown

G - Global **G-IA** - Global with Image Analysis **T** - Tech-Only/Stain-Only **T-IA** - Tech-Only with Image Analysis **T-SQnt** - Tech-Only with Semi-Quantitative interpretation by Client

Consultation - A NeoGenomics pathologist will select medically necessary tests with any exception noted below by the client to provide comprehensive analysis and professional interpretation for the materials submitted. Performed on FFPE only. Consult orders must be accompanied by a pathology report or consultative letter specifying reason for consultation.

☐ **Surgical Pathology Consult** (FFPE only) ☐ Add NeoTYPE® Profile if indicated

Differential Diagnosis: _____

Limited Consults - A NeoGenomics pathologist will only order the necessary IHC testing and will evaluate the submitted material within the scope of the specific pathology question selected. Please note that these consults are not intended for subspecialty second opinions or primary diagnostic reports. If a full second opinion consult is required, please select the full Consultation option provided above.

☐ Amyloidosis ☐ IgG/IgG4 ☐ Carcinoma Micromets ☐ Melanoma Micromets

Image Analysis/Semi-Quantitative IHC

G-IA	T-IA	T-SQnt		G-IA	T-IA	T-SQnt	
☐	☐	☐	AR	☐	☐	☐	MLH1
☐	☐	☐	ER‡	☐	☐	☐	MSH2
☐	☐	☐	HER2 Breast**‡	☐	☐	☐	MSH6
☐	☐	☐	Ki67‡	☐	☐	☐	PMS2
☐	☐	☐	PgR				

**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: ☐ Do not reflex 2+

Semi-Quantitative

G	T		G	T		G	T	
☐	☐	BRCA1	☐	☐	Ki67 NET	☐	☐	PD-L1 28-8 FDA for NSCLC*‡
☐	☐	c-MET CDx for NSCLC‡	☐	☐	p53	☐	☐	PD-L1 28-8 CDx for Gastric/Esophageal*‡
☐	☐	Claudin 18 FDA for Gastric/GEJ‡	☐	☐	PD-L1 22C3 FDA (KEYTRUDA®)*‡	☐	☐	PD-L1 SP263 FDA for NSCLC*‡
☐	☐	EGFR	☐	☐	Cervical	☐	☐	PD-L1 LDT*‡
☐	☐	FOLR1‡	☐	☐	ESCC (Esophageal)	☐	☐	pHistone H3 (PHH3)
☐	☐	HER2 Gastric/GEA**‡	☐	☐	Gastric/GEA	☐	☐	PTEN FDA for Prostate Carcinoma
☐	☐	HER2 (Other)**‡	☐	☐	HNSCC (Head & Neck)	☐	☐	PTEN LDT
☐		Breast Scoring (Default)	☐	☐	NSCLC (Lung)	☐	☐	Retinoblastoma Protein (RB)
		or	☐	☐	Ovarian Carcinoma			
☐		Gastric Scoring	☐	☐	TNBC (Breast)			
			☐	☐	PD-L1 SP142 FDA (TECENTRIQ®) for NSCLC			

*Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test.

Qualitative

G	T		G	T		G	T	
☐	☐	ALK (D5F3) FDA for NSCLC‡	☐	☐	BRAF V600E (Non-Heme)‡	N/A	☐	Pan-TRK‡
☐	N/A	Amyloid A&P Panel*	☐	☐	Gastrin	☐	☐	p16
						☐	☐	ROS1‡

*Congo Red slide must accompany sample OR order Consult

Infectious Disease

G	T		G	T		G	T	
☐	☐	Adenovirus	☐	☐	H. Pylori	☐	☐	Periodic Acid Schiff for Fungus (PASF)
☐	☐	AFB	☐	☐	Hep B Core Antigen	☐	☐	Spirochete
☐	☐	CMV	☐	☐	Hep B Surface Antigen	☐	☐	Toxoplasma
N/A	☐	EBV (LMP1)	☐	☐	HHV8	☐	☐	Tuberculosis
☐	☐	Fite (Leprosy)	☐	☐	HSV I/II	☐	☐	Varicella Zoster Virus (VZV)
☐	☐	Grocott Methenamine Silver (GMS)	☐	☐	Parvovirus			
☐	☐	Gram Stain (Brown & Hopp modification)						

Tech-Only Qualitative IHC/ISH/Special Stains

- ☐ AAT
- ☐ ACTH
- ☐ AFP
- ☐ ALK-1 (Heme)
- ☐ Amyloid A
- ☐ Amyloid P
- ☐ Annexin A1
- ☐ AR
- ☐ Arginase 1
- ☐ ATRX
- ☐ B72.3
- ☐ BAP1
- ☐ BCL1/Cyclin D1
- ☐ BCL2
- ☐ BCL6
- ☐ BCL10
- ☐ BerEP4
- ☐ Beta Catenin
- ☐ BOB1
- ☐ Breast Triple Stain (CK5+p63+CK 8/18)
- ☐ BRG1 (SMARCA4)
- ☐ CA19.9
- ☐ CA125
- ☐ Calcitonin
- ☐ Caldesmon
- ☐ Calponin
- ☐ Calretinin
- ☐ CAM 5.2
- ☐ Carbonic Anhydrase IX (CA IX)
- ☐ Carcinoma Micromets (levels with AE1/AE3)
- ☐ CD1a
- ☐ CD2
- ☐ CD3
- ☐ CD4
- ☐ CD5
- ☐ CD7
- ☐ CD8
- ☐ CD10
- ☐ CD11c
- ☐ CD14
- ☐ CD15
- ☐ CD19
- ☐ CD20‡
- ☐ CD21
- ☐ CD22
- ☐ CD23
- ☐ CD25
- ☐ CD30‡
- ☐ CD31
- ☐ CD33
- ☐ CD34
- ☐ CD35
- ☐ CD38‡
- ☐ CD42b
- ☐ CD43
- ☐ CD44
- ☐ CD45 (LCA)
- ☐ CD56
- ☐ CD57
- ☐ CD61
- ☐ CD68
- ☐ CD71
- ☐ CD79a
- ☐ CD99
- ☐ CD103
- ☐ CD117 cKIT
- ☐ CD123
- ☐ CD138
- ☐ CD163
- ☐ CDK4
- ☐ CDX2
- ☐ CEA (Mono)
- ☐ CEA (Poly)
- ☐ Chromogranin A
- ☐ CK 5/6
- ☐ CK 7
- ☐ CK 17
- ☐ CK 19
- ☐ CK 20
- ☐ CK HMW (CK903/34BE12)
- ☐ CK OSCAR
- ☐ cMyc
- ☐ CXCL13
- ☐ D240
- ☐ DBA.44
- ☐ Desmin
- ☐ DOG1
- ☐ DPC4
- ☐ EBV (LMP1)
- ☐ E-Cadherin
- ☐ EMA
- ☐ ER
- ☐ ERG
- ☐ Factor VIII RA
- ☐ Factor XIIIa
- ☐ Fli-1
- ☐ FOXP1
- ☐ FSH
- ☐ Galectin 3
- ☐ GATA3
- ☐ GCDFP15
- ☐ GCET1
- ☐ GFAP
- ☐ GH
- ☐ Glutamine Synthetase
- ☐ GLUT1
- ☐ Glycophorin A
- ☐ Glypican-3
- ☐ Granzyme B
- ☐ H3K27me3
- ☐ HBME1
- ☐ HCG Beta
- ☐ HepPar1
- ☐ HGAL
- ☐ HMB45
- ☐ HPL
- ☐ ICOS
- ☐ IDH1‡
- ☐ IgA
- ☐ IgD
- ☐ IgG
- ☐ IgG4
- ☐ IgM
- ☐ Inhibin
- ☐ INI1
- ☐ INSM1
- ☐ Kappa/Lambda IHC
- ☐ Ki67
- ☐ Langerin
- ☐ LEF1
- ☐ LH
- ☐ LMO2
- ☐ Lysozyme
- ☐ MAL
- ☐ Mammaglobin
- ☐ MDM2
- ☐ Melan A (Mart1)
- ☐ Melan A/Ki67
- ☐ Melanoma Micromets (HMB45 with Melan A/Mart1)
- ☐ Mesothelin
- Mismatch Repair (MMR)
  - ☐ MLH1
  - ☐ MSH2
  - ☐ MSH6
  - ☐ PMS2
  - ☐ All 4 Stains
- ☐ MITF
- ☐ MOC31
- ☐ MPO
- ☐ MSA
- ☐ MUC1
- ☐ MUC2
- ☐ MUC4
- ☐ MUC5
- ☐ MUC6
- ☐ MUM1
- ☐ MyoD1
- ☐ Myogenin
- ☐ Napsin A
- ☐ NeuN
- ☐ NF (Neurofilament)
- ☐ NKX2.2
- ☐ NKX3.1
- ☐ NSE
- ☐ NUT
- ☐ OCT2
- ☐ OCT4
- ☐ Olig2
- ☐ p40
- ☐ p57
- ☐ p63
- ☐ p120 Catenin
- ☐ p501S
- ☐ p504S
- ☐ Pan-Cytokeratin
- ☐ Parafibromin
- ☐ PAX2
- ☐ PAX5
- ☐ PAX8
- ☐ PD1
- ☐ Perforin
- ☐ PgR
- ☐ PIT1
- ☐ PLAP
- ☐ PRAME
- ☐ Prolactin
- ☐ Prostate Triple Stain
- ☐ PSA
- ☐ PSAP/HPAP
- ☐ PSMA
- ☐ PTH
- ☐ RCC1
- ☐ S100
- ☐ S100p
- ☐ SALL4
- ☐ SATB2
- ☐ SF1
- ☐ SMA
- ☐ SMMHC
- ☐ SSTR2 (Somatostatin Receptor, Type 2)
- ☐ SOX2
- ☐ SOX10
- ☐ SOX11
- ☐ STAT6
- ☐ Synaptophysin
- ☐ TCL1
- ☐ TCR BetaF1
- ☐ TCR Delta
- ☐ TdT
- ☐ TFE3
- ☐ Thrombomodulin (TM)
- ☐ Thyroglobulin (TGB)
- ☐ TIA1
- ☐ TLE1
- ☐ TRAcP
- ☐ Tryptase
- ☐ TSH
- ☐ TTF1
- ☐ Tyrosinase
- ☐ Uroplakin II
- ☐ Uroplakin III
- ☐ Villin
- ☐ Vimentin
- ☐ WT1

Special Stains

G	T	
N/A	☐	Alcian Blue
N/A	☐	Colloidal Iron
N/A	☐	Congo Red
N/A	☐	Copper Stain
N/A	☐	Elastic Stain
N/A	☐	Fontana Masson
N/A	☐	Iron
N/A	☐	Masson Trichrome
N/A	☐	Mucicarmine
N/A	☐	Periodic Acid Schiff (PAS)
N/A	☐	PASD
☐	☐	Periodic Acid Schiff with Digestion (PASD+PAS)
N/A	☐	Reticulin
N/A	☐	Wright Giemsa

In-Situ Hybridization

G	T	
N/A	☐	Albumin RNA ISH
☐	☐	EBER ISH
☐	N/A	HPV RNA ISH Panel (Complete)
☐	N/A	HPV RNA ISH 16/18 High Risk
☐	N/A	HPV RNA ISH High Risk Cocktail
☐	N/A	HPV RNA ISH Low Risk Cocktail
N/A	☐	Kappa/Lambda ISH

Other: _____

_____

For our complete test menu, TAT, specimen requirements and more, please visit **NeoGenomics.com/test-menu.**

Signature Certification

My signature certifies that (1) I am the patient's 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.

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.

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 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 "Perform IHC testing on all blocks" 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.

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