

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: _____

Billing Information

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

Patient Status (Must Choose 1):

- ☐ Non-Hospital Patient
☐ Hospital Patient (in)
☐ Hospital Patient (out)

See back for definitions.

Bill to:

- ☐ Insurance ☐ Patient/Self-Pay
☐ Medicare ☐ Medicaid ☐ Client Bill
☐ 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/Refractory ☐ Monitoring ☐ MRD

Bone Marrow Transplant

- ☐ None ☐ Autologous ☐ Allogeneic ☐ Sex Mismatch

Consultation

Compass® Comprehensive evaluation including morphology

- ☐ Blood and/or Bone Marrow
☐ Paraffin block for Morphology to follow

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

NeoTYPE® and Neo Comprehensive® Cancer Profiles

- ☐ ALL Profile ☐ Neo Comprehensive - Heme Cancers
☐ AML Prognostic Profile ☐ Neo Comprehensive - Myeloid Disorders
☐ CLL Profile ☐ Lymphoid Disorders Profile
☐ Add IgVH Mutation Analysis ☐ MDS/CMML Profile

Molecular Genetics

- ☐ ABL1 Kinase Domain ☐ JAK2 V617F Mutation Analysis by NGS (Select one):
☐ B-Cell Gene Rearrangement ☐ Reflex to JAK2 Extended (Exon 12-15 non-V617F)
☐ BCR-ABL1 Standard p210, p190 ☐ Reflex to CALR, if negative
☐ BRAF Mutation Analysis ☐ Reflex to MPL, if negative
☐ CALR Mutation Analysis by NGS ☐ JAK2 V617F - Quantitative
☐ FLT3 Mutation Analysis ☐ MPL Mutation Analysis by NGS
☐ IDH1/IDH2 by PCR ☐ MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-15, CALR, and MPL
☐ IgVH Mutation Analysis ☐ MYD88 Mutation Analysis
☐ JAK2 Extended (Exon 12-15 non-V617F) Mutation Analysis by NGS ☐ PML-RARA, t(15;17)
☐ T-Cell Receptor Gamma
☐ T-Cell Receptor Beta
☐ Other _____

Flow Cytometry Please attach CBC with all flow requests on blood (required).

Diagnostic/Prognostic Panels

- ☐ Standard L/L Panel (24 Markers)
☐ Extended L/L Panel (31 Markers)
☐ High Sensitivity PNH

MRD Panels

- ☐ AML MRD Panel
☐ B-ALL MRD (Bone Marrow)
☐ B-ALL MRD (Peripheral Blood)
☐ CLL MRD
☐ MM MRD

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

Required Information

☐ Mobile Phlebotomy Request

NeoGenomics will reach out to patient to schedule appointment - Patient Phone: _____

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]:

Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____

☐ Peripheral Blood: Green Top(s) _____ Purple Top(s) _____ Other _____

☐ Unstained Smears*: PB _____ BM _____ Air Dried _____

☐ Stained Smears*: PB _____ BM _____ Air Dried _____

☐ Touch Prep*: _____

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

☐ Paraffin Block(s) #: _____

For molecular/NGS testing, if NeoGenomics retrieves multiple blocks, we will combine as necessary unless alternative instructions are provided.

Single identifier verified; traceable to original container with two patient identifiers (FFPE slides only)

*All PB or BM smears and tubes must include two patient identifiers. See back for details.

Specimen Retrieval

Client Services will request specimen from Pathology site.

Pathology Site: _____

Address: _____

Phone: _____ Fax: _____

Required Items

- ☐ Patient Demographics ☐ CBC Within Last 30 Days ☐ Clinical History
☐ Copy of Insurance Card ☐ Pathology Report ☐ Relevant Treatment History

Cytogenetics

- ☐ Oncology Chromosome Analysis
☐ Reflex to FISH if cytogenetics is normal (reflex FISH panel must be selected)
☐ Reflex to FISH if cytogenetics is incomplete (<20 metaphases)
☐ MDS Standard FISH
☐ MDS Extended FISH
☐ Follow-up Constitutional Chromosome Analysis (only if recommended by Oncology Chromosome Analysis)
☐ Other: _____

HemeFISH® Hematologic FISH Panels

- ☐ Anaplastic Large Cell Lymphoma (ALCL) (FFPE only)
☐ ALL - Adult
☐ ALL - Pediatric
☐ B-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 Non-Favorable Risk
☐ BCR/ABL1/ASS1 t(9;22)
☐ 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
☐ Plasma Cell Myeloma
☐ Do not reflex to IgH Complex
☐ Plasma Cell Myeloma IgH Complex
☐ Plasma Cell Myeloma Prognostic Panel
☐ Other _____
☐ Other _____

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

Morphology

- ☐ Blood and/or Bone Marrow

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.

*Client Information

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 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

For molecular/NGS tissue testing, the following is requested: A single block for large resections where specimen 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 specimen should be submitted together. Please call the Client Services team with any questions regarding specimen information.

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.

Definitions of Patient Status for Specimen Origin

Non-Hospital Patient: Patient is not registered at a hospital (neither an in-patient nor out-patient)

Hospital Patient (in): Patient is registered and admitted to a hospital overnight

Hospital Patient (out): Patient is registered and admitted to a hospital, then discharged before the end of the day

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.

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.

New York Retention Opt-In

If patient specimens were collected in New York, the undersigned certifies that he/she has informed the patient, and the patient has agreed in writing, that (1) NeoGenomics will retain the patient samples for at least 60 days after test results have been issued, and (2) if the patient does not want the leftover de-identified sample used [after the test results have been issued], the patient may send a request in writing to NeoGenomics within 60 days after test results have been issued to request that the samples be destroyed