

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 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 ☐ IIIA ☐ IIIB ☐ IV Note: _____

Reflex options are available with global test orders only. Tech-only clients must use the test add-on process.

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. 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: _____	Colon Cancer & Lynch Syndrome MMR IHC ☐ G-IA ☐ T-IA ☐ T-SQnt ☐ T-Qual ☐ Reflex to BRAF (Mol.) if MLH1 IHC is not expressed ☐ Reflex MMR to _____ if MMR _____ ☐ Microsatellite Instability (MSI) Non-tumor tissue required. Reflex to MMR (IHC) if MSI is high ☐ G-IA ☐ T-IA ☐ T-SQnt ☐ T-Qual ☐ Reflex to BRAF (Mol.) if MLH1 IHC is not expressed ☐ RAS/RAF Panel (BRAF, HRAS, KRAS, NRAS) ☐ BRAF (Mol.) ☐ Reflex to MLH1 Promoter Methylation if BRAF neg. ☐ KRAS (Mol.) ☐ NRAS (Mol.) ☐ MLH1 Promoter Methylation	Head and Neck Cancer G ☐ T ☐ p16 (IHC) G ☐ HPV DNA (Mol.) ☐ ☐ EBER (ISH)
Bladder Cancer G ☐ T ☐ Bladder Cancer (FISH, urine only)	☐ HER2 (Except Breast) G ☐ T ☐ HER2 Gastric/GEA (IHC)* • Reflex to HER2 Gastric/GEA (FISH) G ☐ T ☐ if global HER2 IHC is: ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+	Melanoma G ☐ T ☐ NeoSITE® Melanoma FISH G ☐ NRAS (Mol.) ☐ N/A BRAF (Mol.)
Brain Cancer G ☐ T ☐ 1p/19q Deletion (FISH) N/A ☐ ATRX (IHC) N/A ☐ Beta Catenin (IHC) ☐ ☐ BRAF (FISH) ☐ ☐ BRAF V600E (IHC)* ☐ ☐ CDKN2A/B (p16) Deletion for Mesothelioma or Glioma (FISH) ☐ ☐ EGFR Amplification (FISH) N/A ☐ IDH1 (IHC) G ☐ T ☐ N/A IDH1/IDH2 (Mol.) ☐ ☐ *Ki67 (IHC)* ☐ ☐ N/A MGMT Promoter Methylation (Mol.) ☐ ☐ N-MYC Amplification (FISH) ☐ ☐ N/A p53 (IHC) ☐ ☐ PTEN (FISH) N/A ☐ STAT6 (IHC)	☐ HER2 (Other) IHC*- ☐ Breast Scoring (Default) or ☐ Gastric Scoring • Reflex to HER2 (Other) FISH G ☐ T ☐ if global HER2 IHC is: ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+ ☐ ☐ HER2 (Other) FISH*- ☐ Breast Scoring (Default) or ☐ Gastric Scoring	Molar Pregnancy ☐ Molar Preg. Comprehensive Consultation (includes p57 IHC and Ploidy FISH) ☐ p57 (IHC, tech-only) ☐ Ki67* (IHC, tech-only) ☐ Ploidy FISH for Molar Preg.
Breast Cancer G-IA T-IA T ☐ ☐ ER/PgR/HER2** ☐ ☐ ER/PgR/HER2**/Ki67* ☐ ☐ Individual Stains: ☐ ER* ☐ PgR* ☐ HER2** ☐ Ki67* • Reflex to HER2 FISH G ☐ T ☐ if global HER2 IHC is: ☐ 0 ☐ 1+ ☐ 2+** ☐ 3+ *Reflex to global PD-L1 22C3 FDA (KEYTRUDA®) for TNBC if global ER/PgR/HER2 panel is negative **For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: ☐ Do not reflex 2+	Lung Cancer G ☐ T ☐ ALK, D5F3 IHC (lung, FDA)* ☐ ☐ ALK Lung (FISH)* • Reflex to ROS1 (FISH) if global ALK is negative G ☐ T ☐ ☐ N/A BRAF (Mol.) ☐ ☐ CDKN2A/B (p16) Deletion for Mesothelioma or Glioma ☐ ☐ c-MET CDx for NSCLC* ☐ N/A Early-stage NSCLC Panel* ☐ ☐ Opt out of PD-L1 IHC ☐ N/A EGFR (Mol., includes T790M) ☐ N/A KRAS (includes G12C mutation) ☐ ☐ MET (FISH)* ☐ N/A MET Exon 14 Deletion (Mol.) ☐ ☐ RET (FISH)* ☐ ☐ ROS1 (FISH)* ☐ ☐ ROS1 (IHC)*	All PD-L1 IHC G ☐ T ☐ PD-L1 22C3 FDA (KEYTRUDA®)* ☐ ☐ Cervical ☐ ☐ ESCC (Esophageal) ☐ ☐ HNSCC (Head & Neck) ☐ ☐ Ovarian Carcinoma ☐ ☐ TNBC (Breast) ☐ ☐ PD-L1 22C3 FDA for NSCLC* ☐ ☐ PD-L1 28-8 FDA for NSCLC (HNSCC, Urothelial Carcinoma)* ☐ ☐ PD-L1 22C3 FDA (KEYTRUDA®) for Gastric/GEA* ☐ ☐ PD-L1 28-8 CDx for Gastric/Esophageal* ☐ ☐ PD-L1 SP142 FDA TECENTRIQ® for NSCLC* ☐ ☐ PD-L1 SP263 FDA for NSCLC* ☐ ☐ PD-L1 LDT* Prostate Cancer G ☐ T ☐ Androgen Receptor G ☐ T ☐ PTEN FDA for Prostate Carcinoma*
☐ ☐ p53 ☐ Breast Cancer Index® (BCI) GI Cancer G ☐ T ☐ Claudin 18 (IHC) FDA for Gastric/GEJ*	☐ ☐ HER2 (FISH)* • Reflex to HER2 IHC ☐ G-IA ☐ T-IA ☐ T if global HER2 FISH result is Group 2, 3, or 4 (see back) • For global HER2 FISH: Send path report. If HER2 IHC has been interpreted elsewhere: Send IHC report and also send HER2 IHC slide if result is 2+. ☐ ☐ p53 ☐ Breast Cancer Index® (BCI)	Sarcoma G ☐ T ☐ DDIT3 (CHOP) (FISH) G ☐ T ☐ MYC Amp (FISH) ☐ ☐ EWSR1 (FISH) ☐ ☐ PDGFB (FISH)* ☐ ☐ MDM2 (FISH) ☐ ☐ SS18 (SYT) (FISH) Thyroid Cancer ☐ BRAF (Mol.) G ☐ T ☐ RET (FISH)* ☐ NRAS (Mol.) ☐ KRAS (Mol.) Other/Pan-Cancer Testing G ☐ T ☐ FGFR2 (FISH) G ☐ T ☐ PTEN (FISH) ☐ ☐ FOLR1 (IHC)* ☐ ☐ PTEN LDT (IHC) ☐ ☐ NTRK 1,2,3 FISH* ☐ N/A Pan-TRK (IHC)* ☐ Reflex to NTRK NGS Fusion Panel If IHC is expressed/equivocal: ☐ Reflex to NTRK 1, 2, 3 FISH G ☐ T ☐ ☐ ☐ Other _____ FlexREPORT® ☐ Please add summary report.

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

For molecular/NGS tissue testing, 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.

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.

Breast HER2, ER, PgR (IHC) and Breast HER2 (FISH)

Breast specimens undergoing any of these tests should be invasive breast cancer or the invasive component of the breast cancer fixed in 10% neutral buffered formalin for at least 6 hours and no longer than 72 hours.

For global breast HER2 FISH cases, NeoGenomics will (if requested) reflex FISH to HER2 IHC if FISH results are consistent with CAP/ASCO 2018 result Groups 2, 3, or 4 for dual-probe ISH assays.

- Group 2: HER2/CEP17 ratio ≥ 2.0 and average HER2 copy number < 4.0 signals/cell
- Group 3: HER2/CEP17 ratio < 2.0 and average HER2 copy number ≥ 6.0 signals/cell
- Group 4: HER2/CEP17 ratio < 2.0 and average HER2 copy number ≥ 4.0 and < 6.0 signals/cell

If ordering global HER2 FISH after HER2 IHC was already interpreted outside NeoGenomics, please send the HER2 IHC result and the path report. If that IHC result was 2+, please submit the HER2-stained IHC slide to NeoGenomics with the FISH order so that we may correlate our analysis. This includes stain-only cases that were not scanned by NeoGenomics. If outside HER2 IHC results were other than 2+, we do not request the IHC slide but still request the HER2 IHC report.

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.

Breast Cancer Index® (BCI)

For use in patients diagnosed with estrogen receptor-positive (ER+), lymph node-negative (LN-) or lymph node-positive (LN+; with 1-3 positive nodes) early-stage, invasive breast cancer, who are distant recurrence-free. Breast Cancer Index will be performed, reported and billed separately by Biotheranostics, Inc. For comprehensive details about Breast Cancer Index including test description, intended use and limitations, and Medicare Local Coverage Determination (LCD) criteria visit <http://www.breastcancerindex.com>