



## 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.

## 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 "Choose best block (global molecular/NGS testing only)", "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](http://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.