New York State Single Biomarkers and Consults
Solid Tumor Oncology Office Requisition

FAX: 239.690.4237
■ *Include face sheet or insurance info.*
■ *Include pathology report*
Phone: 866.776.5907
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):
The undersigned certifies that he/she is licensed to order the test(s) listed below and that such test(s) are medically necessary for the care/treatment of this patient.
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
☐ 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: _____

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 Retrieval

Client Services will request specimen from Pathology site.
Location of Specimen: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Note: _____
Body Site: _____
☐ Primary ☐ Metastasis – If Metastasis, list Primary: _____

Specimen Information

Specimen ID: _____ **Block ID:** _____
Fixative/Preservative: _____ **Retrieved Date:** mm_____ / dd_____ / yyyy _____
Hospital Discharge Date: mm_____ / dd_____ / yyyy _____
Collection Date: mm_____ / dd_____ / yyyy_____ **Collection Time:** _____ ☐ AM ☐ PM
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E _____
☐ Peripheral Blood #: _____
☐ Paraffin Block(s) #: _____
☐ **Choose best block** (for global molecular/NGS testing only)
Submit ≤4 blocks. Blocks will be combined for molecular testing when necessary.
☐ **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/profiles/panels require fixation information*
Cold ischemic duration (mins): _____ ☐ ≤ 1 hour ☐ Unknown
Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown
Fixation duration (hours): _____ ☐ 6-72 hours ☐ Unknown

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.

☐ **Surgical Pathology Consult** (FFPE Only) **Differential Diagnosis:**
☐ Add NeoTYPE® Profile if indicated _____

Brain Cancer
☐ 1p/19q Deletion (FISH)
☐ IDH1/IDH2 (Mol.)
☐ MGMT Methylation (Mol.)

Bladder Cancer
☐ Bladder Cancer FISH (urine only)

Breast Cancer
☐ *ER/PgR/HER2**‡
☐ *ER/PgR/HER2**/Ki67‡
☐ *Individual Stains:
☐ ER‡ ☐ PgR‡ ☐ HER2**‡ ☐ Ki67‡
☐ *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+.
☐ HER2 (FISH)‡
☐ Reflex to HER2 IHC if 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
☐ PD-L1 22C3 FDA (KEYTRUDA®) for TNBC (Breast)‡

Colorectal Cancer
☐ MMR IHC
☐ Reflex to BRAF if MLH1 IHC is not expressed
☐ Reflex MMR to _____ if MMR _____
☐ Microsatellite Instability (MSI) Non-tumor tissue is required.
☐ Reflex to MMR if MSI is high
☐ Reflex to BRAF if MLH1 IHC is not expressed
☐ BRAF (Mol.) ☐ Reflex to MLH1 Promoter Methylation if BRAF neg.

GI Cancer
☐ PD-L1 22C3 FDA (KEYTRUDA®) for ESCC (Esophageal)‡
☐ PD-L1 22C3 FDA (KEYTRUDA®) for Gastric/GEA‡
☐ PD-L1 28-8 (OPDIVO®) for Gastric/GEJ/EAC‡

Head and Neck Cancer
☐ PD-L1 22C3 FDA (KEYTRUDA®) for HNSCC‡
☐ HPV RNA ISH Panel (Complete)

HER2 (Except Breast)
☐ HER2 Gastric/GEA (IHC)‡
•Reflex to HER2 Gastric/GEA FISH if global HER2 IHC is:
☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ HER2 Gastric/GEA (FISH)‡
☐ HER2 (Other) IHC‡- ☐ Breast Scoring (Default)
or
☐ Gastric Scoring
•Reflex to HER2 (Other) FISH if global HER2 IHC is:
☐ 0 ☐ 1+ ☐ 2+** ☐ 3+
☐ HER2 (Other) FISH‡- ☐ Breast Scoring (Default)
or
☐ Gastric Scoring

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

Melanoma
☐ NeoSITE® Melanoma FISH Panel
☐ BRAF (Mol.)
☐ NRAS (Mol.)

Gynecologic Cancer
☐ PD-L1 22C3 FDA (KEYTRUDA®) for Cervical‡
☐ PD-L1 22C3 FDA for Ovarian Carcinoma‡

Lung Cancer
☐ PD-L1 22C3 FDA for NSCLC‡
☐ PD-L1 28-8 FDA for NSCLC‡
☐ PD-L1 SP142 FDA (TECENTRIQ®)‡
☐ PD-L1 SP263 FDA for NSCLC‡
☐ **Early-stage NSCLC Panel**‡
☐ Opt out of PD-L1 IHC
☐ ALK (FISH)‡
☐ c-MET CDx for NSCLC‡
☐ EGFR (Mol.)
☐ KRAS (includes G12C mutation)
☐ MET (FISH)‡
☐ RET (FISH)‡
☐ ROS1 (FISH)‡

Prostate Cancer
☐ PTEN FDA for Prostate Carcinoma
☐ Androgen Receptor

Sarcoma
☐ MYC Amp for Angiosarcoma (FISH)
☐ DDIT3 (CHOP) (FISH)
☐ EWSR1 (FISH)
☐ MDM2 (FISH)
☐ PDGFB (FISH)‡
☐ SS18 (SYT) (FISH)

Other/Pan-Cancer Testing
☐ BRAF (Mol.)
☐ FGFR2 Rearr. FISH
☐ FOLR1 (IHC)‡
☐ KRAS (Mol.)
☐ MLH1 Promoter Methylation (Mol.)
☐ NRAS (Mol.)
☐ NTRK 1,2,3 FISH Panel‡
☐ Pan-TRK (IHC)‡
If expressed/equivocal:
☐ Reflex to NTRK NGS Fusion Panel
☐ Reflex to NTRK 1,2,3 FISH
☐ PTEN (FISH)
☐ PTEN LDT
☐ Other Molecular _____
☐ Other FISH _____
☐ Other IHC _____

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.

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.