New York State Single Biomarkers & Consults
Solid Tumor Pathology 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):

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.

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: _____

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

☐ Fresh Tissue (Media Type required): _____

☐ Fluid: CSF _____ Pleural _____ Other _____

☐ FNA cell block: _____

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

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

☐ 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

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
T-Qual - Tech-Only with Qualitative 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.

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

Differential Diagnosis: _____

Bladder Cancer

G	T	
☐	☐	Bladder Cancer (FISH, urine only)

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)
☐	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)

*Tech-only Ki67 will be performed w/o image analysis unless client requests.

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+

G	T	
☐	☐	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

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

GI Cancer

G	T	
☐	☐	Claudin 18 FDA for Gastric/GEJ‡

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+

☐	☐	HER2 Gastric/GEA (FISH)‡
☐	☐	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

**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)‡
☐	☐	RET (FISH)‡
☐	☐	ROS1 (FISH)‡
☐	☐	ROS1 (IHC)‡

Prostate Cancer

	G	T	
☐ Androgen Receptor	☐	☐	PTEN FDA for Prostate Carcinoma

Head and Neck Cancer

G	T		G	T	
☐	☐	p16 (IHC)	☐	N/A	HPV RNA ISH Panel (Complete)
☐	☐	EBER (ISH)	☐	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

Melanoma

G	T		G	
☐	☐	NeoSITE® Melanoma FISH	☐	NRAS (Mol.)
☐	N/A	BRAF (Mol.)		

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.

PD-L1 IHC

G	T***	PD-L1 22C3 FDA (KEYTRUDA®)
☐	☐	Cervical‡
☐	☐	ESCC (Esophageal)‡
☐	☐	HNSCC (Head & Neck)‡
☐	☐	Ovarian Carcinoma‡
☐	☐	TNBC (Breast)‡
☐	☐	**PD-L1 LDT**‡
☐	☐	**PD-L1 22C3 FDA for NSCLC**‡

G	T***	
☐	☐	**PD-L1 28-8 FDA for NSCLC (HNSCC, Urothelial Carcinoma)**‡
☐	☐	**PD-L1 22C3 FDA (KEYTRUDA®) for Gastric/GEA**‡
☐	☐	**PD-L1 28-8 (OPDIVO®) for Gastric/GEJ/EAC**‡
☐	☐	**PD-L1 SP142 FDA (TECENTRIQ®) for NSCLC**‡
☐	☐	**PD-L1 SP263 FDA for NSCLC**‡

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

Sarcoma

FISH

G	T		G	T		G	T	
☐	☐	DDIT3 (CHOP)	☐	☐	MDM2	☐	☐	PDGFB Rearr‡
☐	☐	EWSR1	☐	☐	MYC Amp	☐	☐	SS18 (SYT)

Thyroid Cancer

G	T	
☐	☐	RET (FISH)‡

☐ BRAF (Mol.)
☐ NRAS (Mol.)
☐ KRAS (Mol.)

Other/Pan-Cancer Testing

G	T		G	T	
☐	☐	FGFR2 Rearr. FISH	☐	☐	PTEN (FISH)
☐	☐	FOLR1 (IHC)‡	☐	☐	PTEN LDT
☐	☐	NTRK 1,2,3 FISH‡			
☐	N/A	Pan-TRK (IHC)‡			

If IHC is expressed/equivocal: ☐ Reflex to NTRK NGS Fusion Panel ☐ 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.

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.

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.

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