



New York State NGS Solid Tumor Oncology Office Requisition

FAX: 239.690.4237

☐ **Include face sheet or insurance info.**

☐ **Include pathology report**

Phone: 866.776.5907
NeoGenomics.com

Please note: all fields in **BOLD** are **REQUIRED** to prevent calls back to your facility.

Client 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*: _____

Billing Information

Please include face sheet and front/back of patient's primary and secondary insurance cards.

Patient Status at Time of Specimen **Bill to:** ☐ Client Bill ☐ Insurance/Medicaid
Collection. Must Choose 1: ☐ Medicare ☐ Patient/Self-Pay
☐ Office (Non-Hospital) ☐ Bill charges to other Hospital/Facility:
☐ Hospital Patient (out) _____
☐ Hospital Patient (in) _____
Discharge Date: mm ____ / dd ____ / yyyy ____
Prior Authorization # _____ See NeoGenomics.com/billing for more info.

Clinical Information

Please attach patient's pathology report (required), clinical history, and other applicable report(s).

Date of Original Diagnosis: mm ____ / dd ____ / yyyy ____
Diagnosis: _____
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.

3rd Party Specimen Location

ONCOLOGY OFFICE TO COMPLETE

Client Services will request specimen from Pathology site.

Pathology Site: _____
Address: _____
Phone: _____ **Fax:** _____
Body Site: _____
Collection Date: mm ____ / dd ____ / yyyy ____ **Collection Time:** ____ ☐ AM ☐ PM

Specimen Information

PATHOLOGY TO COMPLETE

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
☐ **Primary** ☐ **Metastasis – If Metastasis, list Primary:** _____
☐ **Slides #** _____ **Unstained** _____ **Stained** _____ ☐ **H&E** _____
☐ **Paraffin Block(s) #:** _____

For molecular/NGS testing, NeoGenomics pathologists will determine optimal FFPE block selection and/or combine received blocks for testing as medically appropriate.

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

NGS Solid Tumor Profiles

☐ **PanTracer™ Pro** (DNA/RNA NGS with cancer type-directed IHC and ancillary testing based on the patient's tumor type)*
☐ **PanTracer™ Tissue** (tissue-based, DNA/RNA NGS with 517 genes + TMB/MSI)
☐ Add a 22C3 PD-L1 clone with CPS and TPS scoring†
☐ **NeoTYPE® DNA & RNA – Lung** (tissue-based, DNA/RNA NGS with 50 genes + TMB/MSI)
☐ Add PD-L1 22C3 FDA for NSCLC†
☐ Reflex to EGFR Mutation Analysis by PCR if tissue is insufficient for NGS
☐ **Other Profile†:** _____
Please see back for available Profiles and write in Profile name
† PD-L1 will report separately.
* Provided diagnosis will determine additional, appropriate testing for the case.
See NeoGenomics.com/pantracer-portfolio#pro for associated add-ons by cancer diagnosis

Other Testing

☐ **CancerTYPE ID®** for unknown/uncertain tumor type with pathologist directed NGS

Other Panels

☐ **RAS/RAF Panel**
☐ **Early-stage NSCLC Panel†**
☐ Opt out of PD-L1 IHC
☐ Other: _____

Please see full test menu at NeoGenomics.com/test-menu

Physician Signature and Consent

☐ My signature certifies that (1) I am the patient's treating 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.

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.

Physician Signature: _____ **Date:** _____

"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 our 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.

CancerTYPE ID®

CancerTYPE ID with reflex to pathologist-directed NGS cancer profile determined by the CancerTYPE ID result. CancerTYPE ID will be performed, reported, and billed separately by Biotheranostics, Inc. For comprehensive details about CancerTYPE ID including test description, intended use, and limitations, visit [CancerTypeID.com](#).

NeoTYPE® Profile Assignments

Targeted Profiles

Available Profiles						
Brain (DNA and RNA) with MGMT Promoter Methylation	Breast*	Cervical*	Cholangiocarcinoma	Colorectal*	Endometrial*	Esophageal*
Gastric* with MMR IHC	GI Predictive* with HER2 Other	GIST and Soft Tissue	Head and Neck*	HRR	Liver/Biliary*	Melanoma*
Other Solid Tumor*	Ovarian*	Pancreas*	Precision*	Thyroid*		

PD-L1 IHC is included in above profiles except Liposarcoma.
*Pan-TRK IHC in these Profiles will reflex to NTRK NGS Fusion Panel when indicated.

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.

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. Please call the Client Services team with any questions regarding specimen information.

Neo PanTracer™ Pro, Neo PanTracer™ Tissue and NeoTYPE® DNA & RNA – Lung Profiles

If the sample is insufficient to produce both DNA and RNA results, the available results will be reported and alternate CPT® Codes may apply. Please see website for details.

For our complete test menu, turnaround times, specimen requirements, and more, please visit [NeoGenomics.com/Test-Menu](#)