

# **Immunohistochemistry and Special Stain Requisition**

N/A 🗖 Albumin RNA ISH EBER ISH D N/A HPV RNA ISH Panel (Complete) 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 N/A 🗖 Kappa/Lambda ISH

🗆 AM 🗖 PM

Client Information		Patient Informatio	n		
Required Information		Last Name:			🗆 Male 🛛 Female
Account #: Account Name:		First Name:		<b>VI.I.</b> Other Pt ID/A	cct #:
Street Address: City, ST, ZIP:		Date of Birth: mm			
Phone: Fax:		By completing this section, Cli described herein.	ent represents it has obtair	ed informed consent from p	atient to perform the services
Additional Reporting Fax:					
Requisition Completed by: Date:		Specimen Informa			
Ordering Physician: NPI #:		Specimen ID:	В	lock ID:	
(please print: Last, First): Treating Oncologist/Physician: NPI #:		Fixative/Preservative: Collection Date: mm			
(please print: Last, First): The undersigned certifies that he/she is licensed to order the test(s) listed below and					e: 🗖 AM 🗖 PN
medically necessary for the care/treatment of this patient.		Retrieved Date: mm Hospital Discharge Date:			
Authorized Signature: Date:		Body Site:			
Billing Information		Primary D Metastasis -	<ul> <li>If Metastasis, list Prima</li> </ul>	ary:	
Required: Please include face sheet and front/back of card for both primary and	d secondary insurance.	☐ FNA cell block: ☐ Smears: Air Dried	Fixed	Stained Itune of stain	
Patient Status (Must Choose 1): Hospital Patient (in) Hospital Patient (out) Non-Hospi		Slides # L	Jnstained	Stained (type of stain)	/ H&E
Bill to: □ Client Bill □ Insurance □ Medicare □ Medicaic □ Split Billing - Client (TC) and Insurance (PC) □ OP Molecular to MCR		Paraffin Block(s) #:	Perform I	HC testing on all blocks	, unless otherwise noted.
□ Bill charges to other Hospital/Facility:		For all other tes	ting, specify which block to u See back for details.	se for each if sending	
Bill charges to other Hospital/Facility: Prior Authorization # See NeoGenor	Predictive Marker Fixatio	Predictive Marker Fixation (CAP/ASCO Requirement):			
Clinical Information		*Indicated markers/panels/pr	rofiles require fixation info	ormation	<b>—</b>
Required: Please attach patient's pathology report (required), clinical history, and	other applicable report(s)	Cold ischemic duration (mins Fixative: ☐ 10% NBF ☐ Fixation duration (hours):	): Other:	<b>□</b> ≤ 1 hour	Unknown
ICD 10 (Diagnosis) Code/Narrative (Required):		Fixation duration (hours):		6-72 hours	Unknown
Reason for Referral:		C Clabal C IA Clabal with	h langan Angelogia 🕱 Taob		ah Qaluuith Isaaa Aashuis
□ New Diagnosis □ Relapse □ In Remission □ Monitoring Staging: □ 0 □ I □ II □ III □ IV Note:		G - Global G-IA - Global with T-SQnt - Tech-Only with Semi-			ch-Uniy with image Analysis
				-,	
Consultation - A NeoGenomics pathologist will select medically necessary tests with Tech-Only Qualitative IHC/ISH/Special Stains Bold indicates global prognostic interpretation is available.					
any exception noted below by the client to provide comprehensive analysis and professional interpretation for the materials submitted. Performed on FFPE only.			Check here to a	bbe	
Surgical Pathology Consult (FFPE only) Add NeoTYPE* Profile if indicated	AAT CD1	-		D PD1	Special Stains
Differential Diagnosis:	CD1			Derferin	GT
Limited Consults - A NeoGenomics pathologist will only order the necessary IHC testing and will evaluate the submitted material within the scope of the specific pathology question	ALK-1 (Heme)		<u> </u>	<ul> <li>Perforin</li> <li>PaR</li> </ul>	N/A Alcian Blue
selected. Please note that these consults are not intended for subspecialty second opinions or primary diagnostic reports. If a full second opinion consult is required, please select the	Amyloid A CD1	9 🗖 E-Cadherin	Melanoma Micrometa	PIT1	N/A 🗖 Colloidal Iron N/A 🗖 Congo Red
full Consultation option provided above.	Amyloid P CD2 Annexin A1 CD2		(HMB45 with Melan A/Mart1)	🗖 PLAP	N/A 🗖 Copper Stain
Amyloidosis 🗆 IgG/IgG4 🗖 Carcinoma Micromets 🗖 Melanoma Micromets	$\square$ AR $\square$ CD2	. —	Mesothelin	PRAME Prolactin	N/A 🗖 Elastic Stain N/A 🗖 Fontana Masson
Image Analysis/Semi-Quantitative IHC	🗖 Arginase 1 🛛 🗖 CD23	3 🗖 Factor VIII RA	Mismatch Repair (MMR)	Prostate Triple Stain	N/A 🗖 Iron
G-IA T-IA T-SQnt G-IA T-IA T-SQnt	□ ATRX □ CD2 □ B72.3 □ CD3		MLH1 MSH2	□ PSA	N/A 🗖 Mucicarmine
$\begin{array}{c c c c c c c c c c c c c c c c c c c $				□ PSAP/HPAP	n/a □ PAS N/A □ PASD
$\square \square \square HER2 Breast*** \square \square \square MSH6$	BCL1/Cyclin D1 D CD3		PMS2	PSMA	Periodic Acid Schif
□ □ □ Ki67 <sup>‡</sup> □ □ □ PMS2 □ □ □ PaR	□ BCL1/Cyclin D1 □ CD3 (carcinoma) □ CD3		All 4 Stains	RCC1	with Digestion
PgR     For global HER2 IHC with result 2+, NeoGenomics		8 <sup>‡</sup> 🗖 GCDFP15	M0C31	□ S100	(PASD+PAS) N/A 🗖 Reticulin
will add global HER2 FISH unless marked here: D Do not reflex 2+	BCL2 CD4			S100p	N/A 🗖 Trichrome
Semi-Quantitative	(carcinoma) □ CD43 □ BCL6 □ CD43		LI IVISA	SALL4	N/A 🗖 Wright Giemsa
G T         G T         G T           □□ BRCA1         □□ p53         □□ PD-L1 28-8 FDA	BCL10 CD4	5 (LCA) 🗖 Glutamine	MUC1 MUC2	SF1	
Image: Brown of the state	■ BerEP4 ■ CD5 ■ Beta Catenin ■ CD5	6 Synthetase	MUC4	SMA	In-Situ Hybridization
Claudin 18 FDA for NSCLC** DD-L1 28-8		1 Glycophorin A	MUC5	SMMHC SSTR2	GT
for Gastric/GEJ <sup>*</sup> PD-L1 22C3 FDA (KEYTRUDA")* <sup>‡</sup> (OPDIVO") for Gastric/GEJ/EAC* <sup>‡</sup>	BRAF V600E <sup>‡</sup> CD6	8 🗖 Glypican-3	MUC6  MUM1	(Somatostatin	N/A 🗖 Albumin RNA ISH
	Breast CD7 Triple Stain CD7	1 Granzyme B 92 H3K27me3	MyoD1	Receptor, Type 2)	EBER ISH
HER2 Gastric/GEA*** Gastric/GEA Gastric/GEA HER2 Gastric/GEA Gastric/GEA D L1 LT**	(CK5+p63+CK CD9	HBME1	<ul> <li>Myogenin</li> <li>Napsin A</li> </ul>	SOX2	N/A HPV RNA ISH Panel (Complete)
HER2 (Other)*** Breast Scoring (Default) HNSCC (Head & Neck) PD-L1 LDT** PHistone H3 (PHH3)	8/18) CD1		□ NeuN	SOX10	N/A HPV RNA ISH
or DI TNBC (Breast) DI PTEN			NF (Neurofilament)	STAT6	16/18 High Risk
Gastric Scoring PD-L1 SP142 FDA (TECENTRIQ <sup>™</sup> ) <sup>+</sup> □ Retinoblastoma Ki67 NET □ NSCLC Protein (RB)	□ CA19.9 (Me	lanoma) 🗖 HMB45	NKX2.2 NKX3.1	Synaptophysin	N/A HPV RNA ISH
Critical Ki67 NET I NSCLC Protein (RB) *Ordering Pathologist listed has received the required competency training to perform the	CA125 CD1 Calcitonin CD1			<ul> <li>TCL1</li> <li>TCR BetaF1</li> </ul>	High Risk Cocktail
professional interpretation for this test.	Calcitonin CD13		🗖 NUT	TCR Delta	Low Risk Cocktail
Qualitative	🗖 Calponin 🛛 🗖 CDK	(4 🛛 IDH1‡		🗖 TdT	N/A 🗖 Kappa/Lambda IS
G         T         G         T         G         T           □         □         ALK, D5F3         □         □         BRAF V600E         □         N/A Pan-TRK <sup>‡</sup>	Calretinin CDX		<pre>OCT4 Olig2</pre>	TFE3	
$(Lung, FDA)^{\ddagger}$ $(Non-Heme)^{\ddagger}$ $\square$ $p16$	Carbonic CEA	$(Poly)$ $\Box$ lgG	🗖 p40	<ul> <li>Thrombomodulin (TM)</li> <li>Thyroglobulin (TGB)</li> </ul>	Other:
□ N/A Amyloid A&P Panel □ □ Gastrin □ □ ROS1 <sup>‡</sup>	Anhydrase IX 🗖 Chro	omogranin A 🗖 IgG4	□ p57	TIA1	
(global only)* *Congo Red slide must accompany sample OR order Consult	(CA IX) □ CK 5 □ Carcinoma □ CK 7		p63 p63 (heme)	🗖 TLE1	
	Micromets CK 1	7 <b>D</b> INI1	p120 Catenin	TRAcP	
Infectious Disease G T G T G T	(levels with 🛛 CK 1	9 🗖 INSM1	□ p501S	□ Tryptase □ TSH	
□ □ Adenovirus □ □ H. Pylori □ □ Periodic Acid	AE1/AE3) □ CK 2 □ CD1a □ CK F		Pan-Cytokeratin	🗖 TTF1	
AFB	□ CD2 (CK9	03/34βBE12)□ Langerin	Pan-Cytokeratin	Tyrosinase	
			(sentinel-node)	<ul> <li>Uroplakin II</li> <li>Uroplakin III</li> </ul>	
	CD4 CD4 CD5 CXC		<ul> <li>Parafibromin</li> <li>PAX2</li> </ul>		
GMS HSV I/II Varicella Zoster	CD7 D240	0 🗖 Lysozyme	PAX5	Vimentin	
Gram Stain 🛛 🗖 Parvovirus Virus (VZV)	D CD8 D DBA	44 🗖 MAI	D PAX8	U WT1	

For our complete test menu, TAT, specimen requirements and more, please visit neogenomics.com/test-menu.

🗖 🗖 Gram Stain

🗖 CD8

DBA.44

🗖 MAL

D PAX8

D WT1

## **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.