

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 patient's insurance card.

Patient Status (Must Choose 1):

Non-Hospital Patient
 Hospital Patient (in)
 Hospital Patient (out)

See back for definitions.

Bill to:

Insurance Patient/Self-Pay
 Medicare Client Bill
 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/Refractory Monitoring MRD

Bone Marrow Transplant

None Autologous Allogeneic Sex Mismatch

Consultation

COMPASS® Comprehensive evaluation including morphology

- Blood and/or Bone Marrow
 Paraffin block for Morphology to follow

Lymphoma Consult

- Lymph Node/Tissue for Lymphoma*
 *Split fresh specimens to RPMI and formalin
 Paraffin block for Morphology to follow

A NeoGenomics pathologist will select medically necessary tests (with any exceptions noted or marked by the client) to provide comprehensive analysis and professional interpretation for the materials submitted.

Please attach CBC for Blood and Bone Marrow (required)

- Do not add NGS Profile without prior approval

Patient Information

Last Name: _____ Male Female

First Name: _____ M.I. _____ Medical Record #: _____

Date of Birth: mm _____ / dd _____ / yyyy _____ Other Pt ID/Acct #: _____

Client represents it has obtained informed consent from patient to perform the services described herein.

Specimen Information

Mobile Phlebotomy Request
 NeoGenomics will reach out to patient to schedule appointment - Patient Phone: _____

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: _____

Bone Marrow [must provide CBC Report]:
 Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____

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

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.
 For all other testing, specify which block to use for each if sending multiple blocks. See back for details.

Specimen Retrieval

Client Services will request specimen from Pathology site.

Pathology Site: _____

Address: _____

Phone: _____ Fax: _____

Required Items

- Patient Demographics Pathology Report
 Copy of Insurance Card Clinical History
 CBC Within Last 30 Days Relevant Treatment History

Morphology

- Blood and/or Bone Marrow

NeoTYPE® and Neo Comprehensive™ Cancer Profiles

- | | |
|--|--|
| <input type="checkbox"/> AITL/Peripheral T-Cell Lymphoma Profile | <input type="checkbox"/> Neo Comprehensive – Heme Cancers |
| <input type="checkbox"/> ALL Profile | <input type="checkbox"/> Neo Comprehensive – Myeloid Disorders |
| <input type="checkbox"/> AML Prognostic Profile | <input type="checkbox"/> Follicular Lymphoma Profile (FFPE only) |
| <input type="checkbox"/> CLL Profile | <input type="checkbox"/> Lymphoid Disorders Profile |
| <input type="checkbox"/> Add IgVH Mutation Analysis | <input type="checkbox"/> Lymphoma Profile |
| | <input type="checkbox"/> MDS/CMML Profile |

Flow Cytometry

Please attach CBC with all flow requests on blood (required).

Diagnostic/Prognostic Panels

- Standard L/L Panel (24 Markers)
 Extended L/L Panel (31 Markers)
 High Sensitivity PNH

MRD Panels

- AML MRD Panel
 B-ALL MRD (Bone Marrow)
 B-ALL MRD (Peripheral Blood)
 CLL MRD
 Myeloma (MM) MRD

Cytogenetics

- Oncology Chromosome Analysis
- Reflex to FISH if cytogenetics is normal (reflex FISH panel must be selected)
- Reflex to FISH if cytogenetics is incomplete (<20 metaphases)
- MDS Standard FISH
- MDS Extended FISH
- Follow-up Constitutional Chromosome Analysis
(only if recommended by Oncology Chromosome Analysis)
- Other _____

Molecular Genetics

- | | |
|---|--|
| <input type="checkbox"/> ABL1 Kinase Domain (Gleevec® resistance) | <input type="checkbox"/> JAK2 Exon 12-13 |
| <input type="checkbox"/> B-Cell Gene Rearrangement | <input type="checkbox"/> JAK2 V617F - Qualitative |
| <input type="checkbox"/> BCR-ABL1 Standard p210, p190 | <input type="checkbox"/> If negative, reflex to JAK2 Exon 12-13 |
| <input type="checkbox"/> BCR-ABL1 Standard p210, p190 with reflex to ABL1 Kinase Domain if positive | <input type="checkbox"/> If negative, reflex to CALR |
| <input type="checkbox"/> BCR-ABL1 Standard p210, p190 with reflex to BCR-ABL1 Non-Standard p230 if negative | <input type="checkbox"/> If negative, reflex to MPL |
| <input type="checkbox"/> BCR-ABL1 Non-Standard p230 | <input type="checkbox"/> JAK2 V617F - Quantitative |
| <input type="checkbox"/> BRAF | <input type="checkbox"/> KIT (c-KIT) |
| <input type="checkbox"/> BTK Inhibitor Acquired Resistance Panel | <input type="checkbox"/> MPL Mutation Analysis |
| <input type="checkbox"/> Calreticulin (CALR) Mutation Analysis | <input type="checkbox"/> MPN JAK2 V617F with Sequential Reflex to JAK2 Exon 12-13, CALR, & MPL |
| <input type="checkbox"/> CEBPA Mutation Analysis | <input type="checkbox"/> MYD88 Mutation Analysis |
| <input type="checkbox"/> CXCR4 Mutation Analysis | <input type="checkbox"/> NPM1 MRD Analysis |
| <input type="checkbox"/> FLT3 Mutation Analysis | <input type="checkbox"/> NPM1 Mutation Analysis |
| <input type="checkbox"/> IDH1/IDH2 by PCR | <input type="checkbox"/> PML- RARA, t(15;17) |
| <input type="checkbox"/> IgH Clonality by NGS | <input type="checkbox"/> Rapid AML Therapeutic Panel |
| <input type="checkbox"/> * Baseline testing of original primary sample required | <input type="checkbox"/> RUNX1-RUNX1T1 (AML1-ETO), t(8;21) |
| <input type="checkbox"/> IgVH Mutation Analysis | <input type="checkbox"/> T-Cell Receptor Gamma |
| <input type="checkbox"/> inv(16) CBFB-MYH11 | <input type="checkbox"/> T-Cell Receptor Beta |
| | <input type="checkbox"/> TP53 Mutation Analysis |
| | <input type="checkbox"/> Other _____ |

HemeFISH®

- | | |
|--|---|
| <input type="checkbox"/> Anaplastic Large Cell Lymphoma (ALCL) | <input type="checkbox"/> High-Grade B-Cell Lymphoma Reflex |
| <input type="checkbox"/> ALL - Adult | <input type="checkbox"/> Low-Grade/Small B-Cell Lymphoma |
| <input type="checkbox"/> ALL - Pediatric | <input type="checkbox"/> MDS Extended |
| <input type="checkbox"/> ALL, Ph-Like | <input type="checkbox"/> MDS Standard |
| <input type="checkbox"/> AML Standard | <input type="checkbox"/> MPN |
| <input type="checkbox"/> AML Non-Favorable Risk | <input type="checkbox"/> NHL |
| <input type="checkbox"/> BCR/ABL1/ASS1 t(9;22) | <input type="checkbox"/> Plasma Cell Myeloma |
| <input type="checkbox"/> CLL | <input type="checkbox"/> Do not reflex to IgH Complex |
| <input type="checkbox"/> Eosinophilia | <input type="checkbox"/> Plasma Cell Myeloma IgH Complex |
| <input type="checkbox"/> High-Grade/Large B-cell Lymphoma | <input type="checkbox"/> Plasma Cell Myeloma Prognostic Panel |
| <input type="checkbox"/> Reflex to BCL6/MYC, IGK/MYC, IGL/MYC if MYC+ and IGH/MYC- | <input type="checkbox"/> Other _____ |

Plasma Cell Enrichment will be performed on all bone marrow samples having plasma cell FISH tests.

Specimen Requirements

Refrigerate specimen if not shipping immediately and use cool pack during transport. Please call the 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)", 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 the Client Services team with any questions regarding specimen information.

Definitions of Patient Status for Specimen Origin

Non-Hospital Patient: Patient is not registered at a hospital (neither an in-patient nor out-patient)

Hospital Patient (in): Patient is registered and admitted to a hospital overnight

Hospital Patient (out): Patient is registered and admitted to a hospital, then discharged before the end of the day

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.

FISH

Plasma cell myeloma FISH panels: Plasma cell enrichment will be performed on bone marrow samples having plasma cell FISH. Sample should be received at NeoGenomics Laboratories within 72 hours of collection.