

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)
 By completing this section, 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): 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 section 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 (required information for Oncology Cytogenetics):
 None Autologous Allogeneic Sex Mismatch

Consultation

COMPASS® Comprehensive evaluation including morphology
 Blood and/or Bone Marrow
 Paraffin block for Morphology to follow

COMPASS® Select (Without morphology)
 Blood and/or Bone Marrow – Morphology performed by student
(Morphology report required. Please fax to avoid testing delays.)

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

Flow Cytometry Please attach CBC with all flow requests on blood or bone marrow (required).

Follow-Up/Add-On panels are available in conjunction with, or after, a Main Panel result has been reported by NeoGenomics or client.

| Diagnostic/Prognostic Panels | Add-On Tubes | Follow-Up Panels |
|--|--|---|
| G T | G T | G T |
| <input type="checkbox"/> Standard L/L Panel (24 Markers) | <input type="checkbox"/> AML | <input type="checkbox"/> AML |
| <input type="checkbox"/> Extended L/L Panel (31 Markers) | <input type="checkbox"/> B-ALL | <input type="checkbox"/> B-ALL |
| <input type="checkbox"/> N/A CD4/CD8 Ratio for BAL | <input type="checkbox"/> CLL/Mantle Cell Companion | <input type="checkbox"/> Hairy Cell |
| <input type="checkbox"/> High Sensitivity PNH | <input type="checkbox"/> Erythroid-Mega | <input type="checkbox"/> Plasma Cell |
| <input type="checkbox"/> T&B Tissue Panel | <input type="checkbox"/> Hairy Cell | <input type="checkbox"/> T-ALL |
| <input type="checkbox"/> TRBC1/T-Cell Lymphoma Companion | <input type="checkbox"/> Mast Cell | MRD Panels |
| | <input type="checkbox"/> Plasma Cell | <input type="checkbox"/> N/A AML MRD Panel |
| | <input type="checkbox"/> T-ALL | <input type="checkbox"/> N/A B-ALL MRD Panel (BM) |
| | <input type="checkbox"/> TRBC1/LGL | <input type="checkbox"/> N/A B-ALL MRD Panel (PB) |
| | | <input type="checkbox"/> N/A CLL MRD Panel |
| | | <input type="checkbox"/> N/A Myeloma (MM) MRD Panel |

G - Global T - Tech-Only

Specimen Hold Option: Refrigerate and Hold

Tech-Only Opt Out Option: To avoid delay in patient care and as medically necessary for an individual patient, additional markers will be added by the flow lab when abnormal populations are detected. Please refer to NeoGenomics Flow Cytometry Guidelines for additional information on tech-only add-on medical necessity criteria.
 Tech-only clients may instruct NeoGenomics to not follow this stated criteria by checking this box.

FISH G - Global T - Tech-Only (Reflex options are available with Global cases only.)

HemeFISH® Panels

| G T | G T | G T |
|---|--|--|
| <input type="checkbox"/> Anaplastic Large Cell Lymphoma (ALCL) | <input type="checkbox"/> AML Favorable-Risk | <input type="checkbox"/> N/A High-Grade B-Cell Lymphoma Reflex |
| <input type="checkbox"/> ALL - Adult | <input type="checkbox"/> AML Non-Favorable Risk | <input type="checkbox"/> Low-Grade/Small B-Cell Lymphoma |
| <input type="checkbox"/> ALL - Pediatric | <input type="checkbox"/> CLL | <input type="checkbox"/> MDS Extended |
| <input type="checkbox"/> ALL, Ph-Like | <input type="checkbox"/> Eosinophilia | <input type="checkbox"/> MDS Standard |
| <input type="checkbox"/> AML Standard | <input type="checkbox"/> High-Grade/Large B-Cell Lymphoma | <input type="checkbox"/> Reflex to ETV6 (12p13), MLL (11q23) and +19 if negative |
| <input type="checkbox"/> Reflex to 5q-/5, 7q-/7, DEK/NUP214 t(6;9), p53 (17p13.1)/NF1 (17q11) and NUP98 (11p15) if negative | <input type="checkbox"/> Reflex to BCL6/MYC, IGH/MYC, IGL/MYC if MYC+ and IGH/MYC- | <input type="checkbox"/> MPN |
| | | <input type="checkbox"/> NHL |

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

| G T | G T | G T |
|--|--|---|
| <input type="checkbox"/> Plasma Cell Myeloma - <input type="checkbox"/> Do not reflex to IgH Complex (applies to global only; tech-only will not reflex) | <input type="checkbox"/> Plasma Cell Myeloma IgH Complex | <input type="checkbox"/> Plasma Cell Myeloma Prognostic Panel |

Individual Probes

| G T | G T | G T |
|---|--|---|
| <input type="checkbox"/> 11q Aberration in NHL | <input type="checkbox"/> BCR/ABL1/ASS1 t(9;22) | <input type="checkbox"/> MYC/IgH/CEN8 t(8;14) |
| <input type="checkbox"/> 1p36 Deletion | <input type="checkbox"/> CDKN2A (p16) Deletion for ALL | <input type="checkbox"/> NUP98 |
| <input type="checkbox"/> ALK for Lymphoma | <input type="checkbox"/> DUSP22-IRF4 Rearrangement | <input type="checkbox"/> TCL1 (14q32.1) |
| <input type="checkbox"/> BCL6/MYC t(3;8) | <input type="checkbox"/> IGH/MAFB t(14;20) | <input type="checkbox"/> TP63 Rearrangement |
| <input type="checkbox"/> BIRC3 (AP2)/MALT1 t(11;18) | <input type="checkbox"/> IGH/MYC t(8;22) | <input type="checkbox"/> PML/RARA t(15;17) |
| | <input type="checkbox"/> IGL/MYC t(8;22) | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> JAK2 (9p24.1) | |

Specimen Hold Option: Direct Harvest and Hold Plasma Cell Enrichment and Hold

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

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 and Path Report]:
 Green Top(s) _____ Purple Top(s) _____ Core Biopsy _____ Clot _____
 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.
 For all other testing, specify which block to use for each if sending multiple blocks. See back for details.

Comments: _____

Cytogenetics

Oncology Chromosome Analysis
 Reflex to FISH if cytogenetics is normal (reflex FISH panel must be marked)
 Reflex to FISH if cytogenetics is incomplete (<20 metaphases)
 G T MDS Standard FISH
 G T MDS Extended FISH

Follow-up Constitutional Chromosome Analysis (only if recommended by Oncology Chromosome Analysis)
 Other: _____

Specimen Hold Option: Culture and Hold (liquid samples & lymph nodes; n/a for solid tissues)

Molecular Genetics

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

Specimen Hold Options: Extract & Hold - DNA Extract & Hold - RNA
 * Test is RNA-based. † Test is both DNA- and RNA-based

Next-Generation Sequencing Panels

| G T | G T | G T |
|---|--|--|
| <input type="checkbox"/> N/A NeoTYPE AITL/Peripheral T-Cell Lymphoma | <input type="checkbox"/> N/A NeoTYPE Follicular Lymphoma Profile | <input type="checkbox"/> NeoTYPE Lymphoid Disorders Profile |
| <input type="checkbox"/> NeoTYPE ALL Profile | <input type="checkbox"/> N/A NeoTYPE Lymphoma Profile | <input type="checkbox"/> NeoTYPE MDS/CMML Profile |
| <input type="checkbox"/> N/A NeoTYPE AML Prognostic Profile | <input type="checkbox"/> N/A NeoTYPE MDS/CMML Profile | <input type="checkbox"/> NeoTYPE MDS/CMML Profile + FLT3 by PCR* |
| <input type="checkbox"/> N/A NeoTYPE AML Prognostic Profile+FLT3 by PCR* | <input type="checkbox"/> N/A NeoTYPE MDS/CMML Profile | |
| <input type="checkbox"/> NeoTYPE CLL Profile | <input type="checkbox"/> N/A NeoTYPE MDS/CMML Profile | |
| <input type="checkbox"/> Add IgVH Mutation Analysis | | |
| <input type="checkbox"/> N/A Neo AML Express (client-bill only*) | | |
| <input type="checkbox"/> N/A Neo Comprehensive - Heme Cancers | | |
| <input type="checkbox"/> N/A Neo Comprehensive - Heme Cancers + FLT3 by PCR* | | |
| <input type="checkbox"/> N/A Neo Comprehensive - Myeloid Disorders | | |
| <input type="checkbox"/> N/A Neo Comprehensive - Myeloid Disorders + FLT3 by PCR* | | |

Specimen Hold Option: Extract & Hold - TNA (not available for NEO AML Express)
 *Please see back page for detailed info on Intended Use and/or Billing for FLT3 by PCR and NEO AML Express

FlexREPORT®

FlexREPORT: Please add summary report option to this case.

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.

Specimen Hold Option Descriptions

To preserve the integrity of samples and avoid unnecessary testing, NeoGenomics Laboratories offers the option of processing samples to maintain specimen integrity for extended periods, without a test order. Any hold order will result in billed charges to the ordering client if testing is not ordered/performed. Specimen Hold Options include:

FISH: Direct Harvest and Hold: FISH specimens will be minimally processed and directly harvested while the cells are still viable. Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Plasma Cell Enrichment and Hold: Plasma cells will be isolated for bone marrow specimens. Sample should be received at NeoGenomics Laboratories within 72 hours of collection. Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

Flow Cytometry: Refrigerate and Hold: Flow cytometry samples will be refrigerated and retained for 28 days, however, optimal stability is within 72 hours of collection.

Molecular Testing: Extract Nucleic Acid and Hold: Nucleic acid (DNA or RNA or TNA) will be isolated from viable cells and stored in a freezer. **Use this option when it is known which test(s) may be added.** Analysis is not performed until the client test order is received. Processed samples will be retained for 28 days.

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.

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.

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.

FLT3 Testing with NeoTYPE and Neo Comprehensive profiles

The FLT3 Mutation Analysis test is available as client-bill only when ordered with NeoTYPE and Neo Comprehensive. The Molecular case reports separately from the NeoTYPE or Neo Comprehensive Profile (which also includes FLT3 gene by NGS) for the purpose of prompt therapy selection in patients with a *new* diagnosis of AML.

NEO AML Express

The NEO AML Express test is available as Client-Bill only. Client is financially responsible for this test order.