

Solid Tumor Oncology Requisition Form



Phone: 866.776.5907/Fax: 239.690.4237 | Email: Client.Services@NeoGenomics.com | Order Online: NeoLink.NeoGenomics.com

The following supplemental documentation is attached:

Pathology Report

Insurance Information

Clinical Notes

Relevant Test Results

Please complete and return by fax or email. Incomplete or missing data may result in delayed testing. Bold fields are required.

CLIENT INFORMATION		PATIENT INFORMATION	
Account Number	Account Name	First Name / Middle Initial / Last Name	
Street Address		Date of Birth MM/DD/YYYY	Biological Sex M F Unknown
City, State, Zip		Street Address	
Phone#	Fax#	City, State, Zip	
Req Completed By	Date	Phone#	Mobile Home
Ordering Physician	NPI#	Email	
Treating Oncologist/Physician	NPI#	Medical Record #	

BILLING INFORMATION ** Please include face sheet and insurance card **

Bill Type	Medicare	Insurance/Medicaid	Patient Self Pay	Hospital/Institution	If billing charges to other Hospital/Facility: _____
Patient Status at Time of Specimen Collection	Office (non-hospital)	Hospital Outpatient	Hospital Inpatient, Date of Discharge	/	/
Primary Insurance Plan	Policy Holder				
Subscriber ID	Group #	Prior Authorization #			
Policy Holder DOB	/	/	Patient Relationship to Policy Holder	Self	Spouse Child Other: _____

CURRENT DIAGNOSIS AND RELEVANT CLINICAL HISTORY

Date of Original Diagnosis	/	/	Diagnosis	Primary ICD-10 Codes (C & D codes only)	
Type	Breast	Colorectal	Gastric	Melanoma	Lung Ovarian Other: _____
Stage	I	II	IIIA	IIIB	IV Unknown Note: _____
Disease Status	Initial Diagnosis	Progression	R/R (Relapsed/Refractory)		

TEST SELECTION

Pan-Solid Tumor CGP Tests	Tissue	
	Neo PanTracer Tissue (DNA/RNA NGS – 517 Genes with MSI and TMB)	Neo PanTracer Tissue + HRD (DNA/RNA NGS – 517 Genes with MSI, TMB and HRD [Ovarian only])
	Add-On Tissue IHC with any PanTracer test – IHC tests will report separately	
	PD-L1 22C3	FOLR1 (Ovarian) HER2 Breast HER2 (Gastric Scoring) Claudin18 (Gastric) c-MET CDx (NSCLC)
CancerTYPE ID for unknown/uncertain tumor type with Pathologist Directed NGS with PD-L1 22C3 IHC add-on		
Disease-Specific Profiles	Early-Stage NSCLC (EGFR, ALK, ROS1, PD-L1 22C3)	Sarcoma Comprehensive NGS Fusion Panel (RNA NGS - 97 genes)
Other:	NeoTYPE DNA & RNA - Brain (DNA/RNA NGS - 83 genes with MSI and TMB) Add-On: PD-L1 LDT IHC Add-On: MGMT Promoter Methylation Analysis	

TISSUE SPECIMEN LOCATION INFORMATION

Pathology Lab Name	
City, State, Zip	
Phone#	Fax#
For molecular/NGS testing, if NeoGenomics retrieves multiple blocks, our pathologists will combine as necessary unless alternative instructions are provided below.	
Instructions	
Physician is requesting a specific specimen	Body site of Biopsy
Specimen ID: _____	Primary Metastatic Unknown

PHYSICIAN SIGNATURE & CONSENT

Ordering Physician Signature	Printed Name	Date
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Full test menu at NeoGenomics.com

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, (4) I have explained to the patient the nature and purpose of each test to be performed pursuant to this test requisition, 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 have obtained informed consent from the patient.

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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 that NeoGenomics: (i) does not receive the billing information required for it to bill any Payers within ten (10) 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.

Specimen Requirements & 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.

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.

All other tests: Refrigerate specimen if not shipping immediately and use cool pack during transport. A block is preferred for testing; please see individual test webpages for specimen requirements.

Please call our Client Services team with questions regarding specimen requirements or shipping instructions at 866.776.5907, option 3. Please refer to [NeoGenomics.com](https://www.neogenomics.com) for specific details on each specimen.

PanTracer Tissue and NeoTYPE® DNA & RNA - Brain Profiles: If the sample is insufficient to produce either DNA or RNA results, the available results will be reported and alternate CPT® Codes may apply.

CancerTYPE ID® with reflex to pathologist directed NGS option, with PD-L1 22C3 added if not already included in NGS test. 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](https://www.CancerTypeID.com).

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