

## Solid Tumor Pathology 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

|                    |              |                               |      |
|--------------------|--------------|-------------------------------|------|
| Account Number     | Account Name | Phone#                        | Fax# |
| Street Address     |              | City, State, Zip              |      |
| Req Completed By   |              |                               | Date |
| Ordering Physician | NPI#         | Treating Oncologist/Physician | NPI# |

## PATIENT INFORMATION

|   |                          |                               |                  |
|---|--------------------------|-------------------------------|------------------|
| First Name / Middle Initial / Last Name | Date of Birth MM/DD/YYYY | Biological Sex<br>M F Unknown | Medical Record # |
| Street Address                          |                          | City, State, Zip              | Phone            |

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

|   |                       |                     |   |  |
|---|-----------------------|---------------------|---|--|
| Bill Type   | Medicare              | Insurance/Medicaid  | Patient Self Pay                          | Split Billing: Client (Technical Component) and Insurance (Professional Component) |
| 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 / / |  |

## 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)      |   |

## SPECIMEN INFORMATION

|   |                              |   |
|---|------------------------------|---|
| Specimen ID:  | Block ID:                    | Fixative/Preservative:                  |
| Collection Date: / /  | Collection Time: _____ AM PM | Retrieved Date: / /                     |
| Body site: _____  | Slides # _____               | Unstained _____ Stained _____ H&E _____ |
| Paraffin Block(s) #: _____ For molecular/NGS testing, if NeoGenomics retrieves multiple blocks, our pathologists will combine as necessary unless alternative instructions are provided |                              |   |
| Instructions: _____   |                              |   |
| Predictive Marker Fixation (CAP/ASCO Requirement): *Indicated markers/profiles/panels require fixation information  |                              |   |
| Cold ischemic (mins): _____   | ≤ 1 hour Unknown             | Fixative: 10% NBF Other: _____ Unknown  |
| Fixation duration (hours): _____ 6-72 hours Unknown   |                              |   |

## 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]) |   | CancerTYPE ID for unknown/uncertain tumor type with Pathologist Directed NGS with PD-L1 22C3 IHC add-on |          |        |          |                    |            |             |            |         |               |                    |             |     |               |      |          |         |          |         |  |  |  |  |
| Add-On Tissue IHC with any PanTracer test – IHC tests will report separately Tech Only   |  |                    |   |   |   |          |        |          |                    |            |             |            |         |               |                    |             |     |               |      |          |         |          |         |  |  |  |  |
| PD-L1 22C3 <sup>†</sup> FOLR1 <sup>†</sup> (Ovarian) HER2 Breast <sup>†</sup> HER2 <sup>†</sup> (Gastric Scoring) Claudin18 <sup>†</sup> (Gastric) c-MET CDx for NSCLC <sup>†</sup>  |  |                    |   |   |   |          |        |          |                    |            |             |            |         |               |                    |             |     |               |      |          |         |          |         |  |  |  |  |
| Disease-Specific Profiles  | NeoTYPE DNA & RNA - Lung (NGS – 50 genes with MSI and TMB)<br>Add-On: PD-L1 22C3 FDA for NSCLC <sup>†</sup><br>Reflex to EGFR Mutation Analysis by PCR if tissue is insufficient for NGS   |                    |   | NeoTYPE DNA & RNA - Brain (NGS – 83 genes with MSI and TMB)<br>Add-On: PD-L1 LDT IHC <sup>†</sup><br>Add-On: MGMT Promoter Methylation Analysis                     |   |          |        |          |                    |            |             |            |         |               |                    |             |     |               |      |          |         |          |         |  |  |  |  |
| NeoTYPE Disease-Specific Profiles (Multi-modal genomic profiling, DNA, FISH, IHC)  | Tech Only – IHC and FISH   |                    |   |   |   |          |        |          |                    |            |             |            |         |               |                    |             |     |               |      |          |         |          |         |  |  |  |  |
| <table border="0"> <tr> <td>Breast</td> <td>Cervical</td> <td>Cholangiocarcinoma</td> <td>Colorectal</td> <td>Endometrial</td> <td>Esophageal</td> <td>Gastric</td> </tr> <tr> <td>GI Predictive</td> <td>GIST &amp; Soft Tissue</td> <td>Head &amp; Neck</td> <td>HRR</td> <td>Liver/Biliary</td> <td>Lung</td> <td>Melanoma</td> </tr> <tr> <td>Ovarian</td> <td>Pancreas</td> <td>Thyroid</td> <td colspan="4"></td> </tr> </table> |  |                    |   |   |   |          | Breast | Cervical | Cholangiocarcinoma | Colorectal | Endometrial | Esophageal | Gastric | GI Predictive | GIST & Soft Tissue | Head & Neck | HRR | Liver/Biliary | Lung | Melanoma | Ovarian | Pancreas | Thyroid |  |  |  |  |
| Breast   | Cervical   | Cholangiocarcinoma | Colorectal  | Endometrial   | Esophageal  | Gastric  |        |          |                    |            |             |            |         |               |                    |             |     |               |      |          |         |          |         |  |  |  |  |
| GI Predictive  | GIST & Soft Tissue   | Head & Neck        | HRR   | Liver/Biliary   | Lung  | Melanoma |        |          |                    |            |             |            |         |               |                    |             |     |               |      |          |         |          |         |  |  |  |  |
| Ovarian  | Pancreas   | Thyroid            |   |   |   |          |        |          |                    |            |             |            |         |               |                    |             |     |               |      |          |         |          |         |  |  |  |  |
| NeoTYPE Panel Modifications and Additions  | Reflex to HER2 FISH if global HER2 IHC is<br>0 1+ 2+ (default) 3+ Do not reflex 2+<br>Opt out of HER2<br>Opt out of FOLR1 IHC (Ovarian Only)<br>Reflex to NTRK 1-3 FISH Panel <sup>†</sup> instead of NTRK NGS if Pan-TRK IHC is positive or equivocal |                    |   | RNA-Based Fusion Panels   |   |          |        |          |                    |            |             |            |         |               |                    |             |     |               |      |          |         |          |         |  |  |  |  |
|  |  |                    |   | Universal Solid Tumor NGS Fusion Panel<br>Sarcoma Comprehensive NGS Fusion Panel<br>NTRK NGS Fusion Panel (NTRK 1-3)<br>NTRK & RET NGS Fusion Panel<br>Other: _____ |   |          |        |          |                    |            |             |            |         |               |                    |             |     |               |      |          |         |          |         |  |  |  |  |

## PHYSICIAN SIGNATURE &amp; CONSENT

|                              |              |      |
|------------------------------|--------------|------|
| Ordering Physician Signature | Printed Name | Date |
|------------------------------|--------------|------|

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.

# Solid Tumor Pathology Requisition Form



## 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://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)