

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 card for both primary and secondary insurance.
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 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 ☐ In Remission ☐ Monitoring
 Staging: ☐ 0 ☐ I ☐ II ☐ III ☐ IV Note: _____

Patient Information

Last Name: _____ ☐ Male ☐ Female
First Name: _____ **M.I.** _____ Other Pt ID/Acct #: _____
Date of Birth: mm _____ / dd _____ / yyyy Medical Record #: _____
By completing this section, 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: _____
☐ FNA cell block: _____
☐ Smears: Air Dried _____ Fixed _____ Stained (type of stain) _____
☐ Slides # _____ Unstained _____ Stained _____ ☐ H&E
☐ Paraffin Block(s) #: _____ ☐ **Perform IHC testing on all blocks, unless otherwise noted.**
For all other testing, specify which block to use for each if sending multiple blocks. See back for details.

Predictive Marker Fixation (CAP/ASCO Requirement):

*Indicated markers/panels/profiles require fixation information

Cold ischemic duration (mins): _____ ☐ ≤ 1 hour ☐ Unknown
 Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown
 Fixation duration (hours): _____ ☐ 6-72 hours ☐ Unknown

G - Global **G-IA** - Global with Image Analysis **T** - Tech-Only/Stain-Only **T-IA** - Tech-Only with Image Analysis
T-SQnt - Tech-Only with Semi-Quantitative interpretation by Client

Consultation - A NeoGenomics pathologist will select medically necessary tests with any exception noted below by the client to provide comprehensive analysis and professional interpretation for the materials submitted. Performed on FFPE only. Consult orders must be accompanied by a pathology report or consultative letter specifying reason for consultation.

☐ **Surgical Pathology Consult (FFPE only)** ☐ Add NeoTYPE[®] Profile if indicated

Differential Diagnosis:

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 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 full Consultation option provided above.

☐ Amyloidosis ☐ IgG/IgG4 ☐ Carcinoma Micromets ☐ Melanoma Micromets

Image Analysis/Semi-Quantitative IHC

G-IA	T-IA	T-SQnt	G-IA	T-IA	T-SQnt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> AR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MLH1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ER ⁺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MSH2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> HER2 Breast ^{***}	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MSH6
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ki67 ⁺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PMS2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> PgR			

**For global HER2 IHC with result 2+, NeoGenomics will add global HER2 FISH unless marked here: ☐ Do not reflex 2+

Semi-Quantitative

G T	G T	G T
<input type="checkbox"/> BRCA1	<input type="checkbox"/> Ki67 NET	<input type="checkbox"/> PD-L1 28-8 FDA
<input type="checkbox"/> c-MET CDx for NSCLC ⁺	<input type="checkbox"/> p53	<input type="checkbox"/> for NSCLC ^{***}
<input type="checkbox"/> Claudin 18 FDA	<input type="checkbox"/> PD-L1 22C3 FDA	<input type="checkbox"/> PD-L1 28-8
<input type="checkbox"/> for Gastric/GEJ ⁺	<input type="checkbox"/> for NSCLC ^{***}	<input type="checkbox"/> (OPDIVO [®]) for
<input type="checkbox"/> EGFR	<input type="checkbox"/> PD-L1 22C3 FDA (KEYTRUDA [®]) ^{***}	<input type="checkbox"/> Gastric/ GEJ/EAC ^{***}
<input type="checkbox"/> FOLR1 ⁺	<input type="checkbox"/> Cervical	<input type="checkbox"/> PD-L1 SP263 FDA
<input type="checkbox"/> HER2 Gastric/GEA ^{***}	<input type="checkbox"/> ESCC (Esophageal)	<input type="checkbox"/> for NSCLC ^{***}
<input type="checkbox"/> HER2 (Other) ^{***}	<input type="checkbox"/> Gastric/GEA	<input type="checkbox"/> PD-L1 LDT ^{***}
<input type="checkbox"/> Breast Scoring (Default)	<input type="checkbox"/> HNSCC (Head & Neck)	<input type="checkbox"/> pHistone H3 (PHH3)
or	<input type="checkbox"/> TNBC (Breast)	<input type="checkbox"/> PTEN
<input type="checkbox"/> Gastric Scoring	<input type="checkbox"/> PD-L1 SP142 FDA (TECENTRIQ [®]) ^{***}	<input type="checkbox"/> Retinoblastoma
	<input type="checkbox"/> NSCLC	<input type="checkbox"/> Protein (RB)

*Ordering Pathologist listed has received the required competency training to perform the professional interpretation for this test.

Qualitative

G T	G T	G T
<input type="checkbox"/> ALK, D5F3	<input type="checkbox"/> BRAF V600E	<input type="checkbox"/> N/A Pan-TRK ⁺
(Lung, FDA) ⁺	(Non-Heme) ⁺	<input type="checkbox"/> p16
<input type="checkbox"/> N/A Amyloid A&P Panel	<input type="checkbox"/> Gastrin	<input type="checkbox"/> ROS1 ⁺
(global only) ⁺		

*Congo Red slide must accompany sample OR order Consult

Infectious Disease

G T	G T	G T
<input type="checkbox"/> Adenovirus	<input type="checkbox"/> H. Pylori	<input type="checkbox"/> Periodic Acid
<input type="checkbox"/> AFB	<input type="checkbox"/> Hep B Core	<input type="checkbox"/> Schiff for Fungus(PASf)
<input type="checkbox"/> CMV (IHC)	<input type="checkbox"/> Antigen	<input type="checkbox"/> Spirochete
N/A <input type="checkbox"/> EBV (LMP1)	<input type="checkbox"/> Hep B Surface	<input type="checkbox"/> Toxoplasma
<input type="checkbox"/> Fite	<input type="checkbox"/> Antigen	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> GMS	<input type="checkbox"/> HHV8	<input type="checkbox"/> Varicella Zoster
<input type="checkbox"/> Gram Stain	<input type="checkbox"/> HSV I/II	<input type="checkbox"/> Virus (VZV)
	<input type="checkbox"/> Parvovirus	

Tech-Only Qualitative IHC/ISH/Special Stains

<input type="checkbox"/> AAT	<input type="checkbox"/> CD10	<input type="checkbox"/> Desmin	<input type="checkbox"/> Mammaglobin	<input type="checkbox"/> PD1
<input type="checkbox"/> ACTH	<input type="checkbox"/> CD11c	<input type="checkbox"/> DOG1	<input type="checkbox"/> MDM2	<input type="checkbox"/> PD1 (non-heme)
<input type="checkbox"/> AFP	<input type="checkbox"/> CD14	<input type="checkbox"/> DPC4	<input type="checkbox"/> Melan A (Mart1)	<input type="checkbox"/> Perforin
<input type="checkbox"/> ALK-1 (Heme)	<input type="checkbox"/> CD15	<input type="checkbox"/> EBV (LMP1)	<input type="checkbox"/> Melan A/Ki67	<input type="checkbox"/> PgR
<input type="checkbox"/> Amyloid A	<input type="checkbox"/> CD19	<input type="checkbox"/> E-Cadherin	<input type="checkbox"/> Melanoma Micromets	<input type="checkbox"/> PIT1
<input type="checkbox"/> Amyloid P	<input type="checkbox"/> CD20 ⁺	<input type="checkbox"/> EMA	(HMB45 with Melan	<input type="checkbox"/> PLAP
<input type="checkbox"/> Annexin A1	<input type="checkbox"/> CD21	<input type="checkbox"/> ER	A/Mart1)	<input type="checkbox"/> PRAME
<input type="checkbox"/> AR	<input type="checkbox"/> CD22	<input type="checkbox"/> ERG	<input type="checkbox"/> Mesothelin	<input type="checkbox"/> Prolactin
<input type="checkbox"/> Arginase 1	<input type="checkbox"/> CD23	<input type="checkbox"/> Factor VIII RA	Mismatch Repair (MMR)	<input type="checkbox"/> Prostate Triple Stain
<input type="checkbox"/> ATRX	<input type="checkbox"/> CD25	<input type="checkbox"/> Factor XIIIa	<input type="checkbox"/> MLH1	<input type="checkbox"/> PSA
<input type="checkbox"/> B72.3	<input type="checkbox"/> CD30 ⁺	<input type="checkbox"/> Fli-1	<input type="checkbox"/> MSH2	<input type="checkbox"/> PSAP/HPAP
<input type="checkbox"/> BAP1	<input type="checkbox"/> CD31	<input type="checkbox"/> FOXP1	<input type="checkbox"/> MSH6	<input type="checkbox"/> PSMA
<input type="checkbox"/> BCL1/Cyclin D1	<input type="checkbox"/> CD33	<input type="checkbox"/> FSH	<input type="checkbox"/> PMS2	<input type="checkbox"/> PTH
<input type="checkbox"/> BCL1/Cyclin D1	<input type="checkbox"/> CD34	<input type="checkbox"/> Galectin 3	<input type="checkbox"/> All 4 Stains	<input type="checkbox"/> RCC1
(carcinoma)	<input type="checkbox"/> CD35	<input type="checkbox"/> GATA3	<input type="checkbox"/> MIF	<input type="checkbox"/> S100
<input type="checkbox"/> BCL2	<input type="checkbox"/> CD38 ⁺	<input type="checkbox"/> GCDPF15	<input type="checkbox"/> MOC31	<input type="checkbox"/> S100p
<input type="checkbox"/> BCL2	<input type="checkbox"/> CD42b	<input type="checkbox"/> GCET1	<input type="checkbox"/> MPO	<input type="checkbox"/> SALL4
(carcinoma)	<input type="checkbox"/> CD43	<input type="checkbox"/> GFAP	<input type="checkbox"/> MSA	<input type="checkbox"/> SATB2
<input type="checkbox"/> BCL6	<input type="checkbox"/> CD44	<input type="checkbox"/> GH	<input type="checkbox"/> MUC1	<input type="checkbox"/> SF1
<input type="checkbox"/> BCL10	<input type="checkbox"/> CD45 (LCA)	<input type="checkbox"/> Glutamine	<input type="checkbox"/> MUC2	<input type="checkbox"/> SMA
<input type="checkbox"/> BerEP4	<input type="checkbox"/> CD56	Synthetase	<input type="checkbox"/> MUC4	<input type="checkbox"/> SMMHC
<input type="checkbox"/> Beta Catenin	<input type="checkbox"/> CD57	<input type="checkbox"/> GLUT1	<input type="checkbox"/> MUC5	<input type="checkbox"/> SSTR2 (Somatostatin
<input type="checkbox"/> BOB1	<input type="checkbox"/> CD61	<input type="checkbox"/> Glycophorin A	<input type="checkbox"/> MUC6	Receptor, Type 2)
<input type="checkbox"/> BRAF V600E ⁺	<input type="checkbox"/> CD68	<input type="checkbox"/> Glypican-3	<input type="checkbox"/> MUM1	<input type="checkbox"/> SOX2
<input type="checkbox"/> Breast	<input type="checkbox"/> CD71	<input type="checkbox"/> Granzyme B	<input type="checkbox"/> MyoD1	<input type="checkbox"/> SOX10
<input type="checkbox"/> Triple Stain	<input type="checkbox"/> CD79a	<input type="checkbox"/> H3K27me3	<input type="checkbox"/> Myogenin	<input type="checkbox"/> SOX11
(CK5+p63+CK	<input type="checkbox"/> CD99	<input type="checkbox"/> HBME1	<input type="checkbox"/> Napsin A	<input type="checkbox"/> STAT6
8/18)	<input type="checkbox"/> CD103	<input type="checkbox"/> HCG Beta	<input type="checkbox"/> NeuN	<input type="checkbox"/> Synaptophysin
<input type="checkbox"/> BRG1	<input type="checkbox"/> CD117 cKIT	<input type="checkbox"/> HepPar1	<input type="checkbox"/> NF (Neurofilament)	<input type="checkbox"/> TCL1
(SMARCA4)	<input type="checkbox"/> CD117 cKIT	<input type="checkbox"/> HGAL	<input type="checkbox"/> NKX2.2	<input type="checkbox"/> TCR BetaF1
<input type="checkbox"/> CA19.9	(Melanoma)	<input type="checkbox"/> HMB45	<input type="checkbox"/> NKX3.1	<input type="checkbox"/> TCR Delta
<input type="checkbox"/> CA125	<input type="checkbox"/> CD123	<input type="checkbox"/> HPL	<input type="checkbox"/> NSE	<input type="checkbox"/> TdT
<input type="checkbox"/> Calcitonin	<input type="checkbox"/> CD138	<input type="checkbox"/> ICOS	<input type="checkbox"/> NUT	<input type="checkbox"/> TFE3
<input type="checkbox"/> Caldesmon	<input type="checkbox"/> CD163	<input type="checkbox"/> ICOS (non-heme)	<input type="checkbox"/> OCT2	<input type="checkbox"/> Thrombomodulin (TM)
<input type="checkbox"/> Calponin	<input type="checkbox"/> CDK4	<input type="checkbox"/> IDH1 ⁺	<input type="checkbox"/> OCT4	<input type="checkbox"/> Thyroglobulin (TGB)
<input type="checkbox"/> Calretinin	<input type="checkbox"/> CDX2	<input type="checkbox"/> IgA	<input type="checkbox"/> Olig2	<input type="checkbox"/> TIA1
<input type="checkbox"/> CAM 5.2	<input type="checkbox"/> CEA (Mono)	<input type="checkbox"/> IgD	<input type="checkbox"/> p40	<input type="checkbox"/> TLE1
<input type="checkbox"/> Carbonic	<input type="checkbox"/> CEA (Poly)	<input type="checkbox"/> IgG	<input type="checkbox"/> p63	<input type="checkbox"/> TRAcP
Anhydrase IX	<input type="checkbox"/> Chromogranin A	<input type="checkbox"/> IgG4	<input type="checkbox"/> p63 (heme)	<input type="checkbox"/> Trypsinase
(CA IX)	<input type="checkbox"/> CK 5/6	<input type="checkbox"/> IgM	<input type="checkbox"/> p120 Catenin	<input type="checkbox"/> TSH
<input type="checkbox"/> Carcinoma	<input type="checkbox"/> CK 7	<input type="checkbox"/> Inhibin	<input type="checkbox"/> p501S	<input type="checkbox"/> TTF1
Micromets	<input type="checkbox"/> CK 17	<input type="checkbox"/> INI1	<input type="checkbox"/> p504S	<input type="checkbox"/> Pan-Cytokeratin
(levels with	<input type="checkbox"/> CK 19	<input type="checkbox"/> INSM1	<input type="checkbox"/> Pan-Cytokeratin	(sentinel-node)
AE1/AE3)	<input type="checkbox"/> CK 20	<input type="checkbox"/> Kappa/Lambda IHC	<input type="checkbox"/> Parafibromin	<input type="checkbox"/> PAX2
<input type="checkbox"/> CD1a	<input type="checkbox"/> CK HMW	<input type="checkbox"/> Ki67	<input type="checkbox"/> PAX5	<input type="checkbox"/> PAX8
<input type="checkbox"/> CD2	(CK903/34pBE12)	<input type="checkbox"/> Langerin	<input type="checkbox"/> WT1	
<input type="checkbox"/> CD3	<input type="checkbox"/> CK OSCAR	<input type="checkbox"/> LEF1		
<input type="checkbox"/> CD4	<input type="checkbox"/> cMyc	<input type="checkbox"/> LH		
<input type="checkbox"/> CD5	<input type="checkbox"/> CXCL13	<input type="checkbox"/> LMO2		
<input type="checkbox"/> CD7	<input type="checkbox"/> D240	<input type="checkbox"/> Lysozyme		
<input type="checkbox"/> CD8	<input type="checkbox"/> DBA.44	<input type="checkbox"/> MAL		

Special Stains

G T
 N/A ☐ Alcian Blue
 N/A ☐ Colloidal Iron
 N/A ☐ Congo Red
 N/A ☐ Copper Stain
 N/A ☐ Elastic Stain
 N/A ☐ Fontana Masson
 N/A ☐ Iron
 N/A ☐ Mucicarmine
 N/A ☐ PAS
 N/A ☐ PASD
☐ Periodic Acid Schiff
 with Digestion
 (PASD+PAS)
 N/A ☐ Reticulin
 N/A ☐ Trichrome
 N/A ☐ Wright Giemsa

In-Situ Hybridization

G T
 N/A ☐ Albumin RNA ISH
☐ EBER ISH
☐ 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

Other: _____

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.