NGS Solid Tumor Pathology Requisition

Phone 866.776.5907 / Fax 239.690.4237
neogenomics.com

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. If ordering InVisionFirst® – Lung Liquid Biopsy, the undersigned additionally certifies that he/she understands Medicare's medical necessity criteria for the InVisionFirst® – Lung Liquid Biopsy test listed on the back of this form.

Authorized Signature: _____ **Date**: _____

Billing Information

Required: Please include face sheet and front/back of patient's primary and secondary insurance cards.

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: _____

ABN required for InVisionFirst® – Lung Liquid Biopsy on Medicare/Medicare Advantage patients who do not meet coverage criteria or when concurrent tissue/liquid biopsy testing is ordered (see back). ABN attached ☐ Yes ☐ No

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 (Required):** _____

Primary Cancer Type (Required): _____ **Body Site:** _____

☐ New Diagnosis ☐ Relapse ☐ In Remission ☐ Monitoring

Staging: ☐ 0 ☐ I ☐ II ☐ III ☐ IIIA ☐ IIIB ☐ 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 Cancer Type (Required): _____

☐ 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.

Predictive Marker Fixation (CAP/ASCO Requirement):
‡*Indicated markers/profiles/panels require fixation information*

Cold ischemic duration (mins): _____ ☐ ≤ 1 hour ☐ Unknown

Fixative: ☐ 10% NBF ☐ Other: _____ ☐ Unknown

Fixation duration (hours): _____ ☐ 6-72 hours ☐ Unknown

NeoGenomics Cancer Profiles

G - Global **TF** - Tech-Only FISH **TI** - Tech-Only IHC

NeoTYPE® Solid Tumor Profiles (DNA, FISH, IHC)‡

Multimethod genomic profiling

*Reflex to NTRK 1-3 FISH Panel instead of NTRK NGS if Pan-TRK IHC is positive or equivocal ☐

G	TF	TI***	
☐	☐	☐	Breast Tumor Profile*
☐	☐	☐	Cervical Tumor Profile*
☐	☐	☐	Cholangiocarcinoma Profile
☐	☐	☐	Colorectal Tumor Profile* ☐ Opt out of HER2 IHC

• Reflex to HER2 (Other) w/Gastric Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+

☐	☐	☐	Endometrial Tumor Profile* ☐ Opt out of HER2 IHC

• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+

☐	☐	☐	Esophageal Tumor Profile*
☐	☐	☐	Gastric Tumor Profile* ☐ Opt out of MMR IHC
☐	☐	☐	GI Predictive Profile* ☐ Opt-out of HER2 IHC

• Perform HER2 IHC with reflex to FISH (if applicable) as:
☐ HER2 (Other) w/Gastric Scoring (Default)

• Reflex to HER2 (Other) w/Gastric Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+

☐ HER2 Gastric/GEA

• Reflex to HER2 Gastric/GEA (FISH) ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+

☐	☐	☐	GIST & Soft Tissue Tumor Profile
☐	☐	☐	Head & Neck Tumor Profile*
☐	N/A	☐	HRD+ Profile
☐	☐	☐	Liposarcoma Fusion Profile
☐	☐	☐	Liver/Biliary Tumor Profile*
☐	☐	☐	Lung Tumor Profile* ☐ Opt out of HER2 IHC

• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+
→ ☐ Reflex to InVisionFirst® – Lung Liquid Biopsy if tissue NGS is insufficient^
→ ☐ Reflex to EGFR Mutation Analysis by PCR if NGS is insufficient^

^Only one reflex option may be selected at a time. Please submit a separate order request for additional testing.

G	TF	TI***	
☐	☐	☐	Melanoma Profile*
☐	☐	☐	Other Solid Tumor Profile*
☐	☐	☐	Ovarian Tumor Profile* ☐ Opt out of HER2 IHC ☐ Opt out of FOLR1 IHC

• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+

☐	☐	☐	Pancreas Tumor Profile* ☐ Opt out of HER2 IHC

• Reflex to HER2 (Other) w/Breast Scoring FISH ☐ **G** ☐ **T** if global HER2 IHC is ☐ 0 ☐ 1+ ☐ 2+ (Default) ☐ 3+
☐ Do Not Reflex 2+

☐	N/A	☐	Precision Profile*
☐	☐	☐	Thyroid Tumor Profile*

***Ordering Pathologist listed has received the required competency training to perform the professional interpretation for PD-L1.

^Only one reflex option may be selected at a time. Please submit a separate order request for additional testing.

Comprehensive Genomic Profile

Tissue-based, DNA and RNA NGS Profile with 517 genes + TMB/MSI

☐ Neo Comprehensive™ - Solid Tumor*
☐ Add a 22C3 PD-L1 clone with CPS and TPS scoring‡ ☐ **G** ☐ **T**
→ ☐ Reflex to InVisionFirst® – Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS

*** PD-L1 will report separately.**

NeoTYPE® DNA & RNA Profiles

Integrated DNA and RNA NGS genomic profiling +TBM/MSI

☐ NeoTYPE® DNA & RNA - Brain
Perform PD-L1 LDT IHC‡ as ☐ **G** (default) ☐ **T**
☐ Add MGMT Promoter Methylation Analysis

☐ NeoTYPE® DNA & RNA - Lung*
☐ Add PD-L1 22C3 FDA for NSCLC‡ ☐ **G** ☐ **T*****
→ ☐ Reflex to InVisionFirst® – Lung Liquid Biopsy if tissue RNA and/or DNA is insufficient for NGS^
→ ☐ Reflex to EGFR Mutation Analysis by PCR if NGS is insufficient^

*** PD-L1 will report separately.**

^Only one reflex option may be selected at a time. Please submit a separate order request for additional testing.

RNA-Based NGS Fusion Panels

☐ Brain NGS Fusion Panel
☐ Breast NGS Fusion Panel
☐ Cholangio/Pancreatic Carcinoma NGS Fusion Panel
☐ Colorectal NGS Fusion Panel
☐ Ewing Sarcoma NGS Fusion Panel
☐ Lung NGS Fusion Panel (ALK, MET, NRG1, NTRK1-3, RET, ROS1)
☐ Omit ALK and ROS1
☐ Non-Ewing Sarcoma NGS Fusion Panel
☐ NTRK NGS Fusion Panel (NTRK 1-3)
☐ NTRK & RET NGS Fusion Panel
☐ Prostate NGS Fusion Panel
☐ Rhabdomyosarcoma NGS Fusion Panel
☐ Salivary Gland NGS Fusion Panel
☐ Sarcoma Comprehensive NGS Fusion Panel
☐ Targeted Solid Tumor NGS Fusion Panel
☐ Thyroid NGS Fusion Panel
☐ Universal Solid Tumor NGS Fusion Panel

Liquid Biopsies

☐ NeoLAB® Solid Tumor Liquid Biopsy
☐ InVisionFirst® – Lung Liquid Biopsy (test upon receipt)

More test details on back

Unknown or Uncertain Tumor Type

CancerTYPE ID®† with reflex to NGS
☐ Pathologist directed (see back for matrix details)
☐ Include PD-L1‡ ☐ Tech-Only IHC ☐ Tech-Only FISH
☐ Neo Comprehensive™ - Solid Tumor

G	T	
☐	☐	Add a 22C3 PD-L1 clone with CPS and TPS scoring‡

Other Testing

☐ BRCA1/2 Mutation Analysis for Tumors
☐ RAS/RAF Panel

G	T	
☐	☐	Other _____

For Breast Cancer Index® testing, a separate requisition is required. See website for details.

Specimen Requirements

Liquid biopsy tests InVisionFirst® – Lung Liquid Biopsy and NeoLAB® Solid Tumor Liquid Biopsy: Do not refrigerate. Special collection tubes and shipping requirements apply. Please contact Client Services for kits and see instructions provided in kit.

All other tests: 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 1. 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.

InVisionFirst® – Lung Liquid Biopsy Additional Information: Conditions for Medicare Coverage

InVisionFirst® – Lung Liquid Biopsy is a plasma-based, somatic comprehensive genomic profiling test (CGP) intended to assist physicians caring for patients with advanced (Stage IIIB/IV) non-small cell lung cancer (NSCLC). In accordance with Medicare's MolDX Noridian LCD L37897, testing is appropriate under the following circumstances:

At diagnosis and untreated: When results for EGFR single nucleotide variants (SNVs) and insertions and deletions (indels); rearrangements in ALK and ROS1; and SNVs for BRAF are not available AND when tissue-based CGP is infeasible [i.e., quantity not sufficient (QNS) for tissue-based CGP or invasive biopsy is medically contraindicated] **OR**

At progression: For patients progressing on or after chemotherapy or immunotherapy who have not been tested for EGFR SNVs and indels; rearrangements in ALK and ROS1; and SNVs for BRAF, and for whom tissue-based CGP is infeasible; or for patients progressing on EGFR tyrosine kinase inhibitors (TKIs).

A signed ABN is required if patient does not meet the coverage criteria. ABN is also required if ordering InVisionFirst® – Lung Liquid Biopsy concurrently with tissue testing that includes EGFR, BRAF, ALK, and ROS1.

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.

CancerTYPE ID® with reflex to NGS Cancer Profile or Neo Comprehensive™ – Solid Tumor

The specific NGS reflex is determined by the CancerTYPE ID result. See https://neogenomics.com/diagnostic-services/specialty-testing/cancertype-idr for pathologist directed matrix. 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 www.cancertypeid.com.

InVisionFirst® – Lung Liquid Biopsy

InVisionFirst® – Lung Liquid Biopsy testing is performed by Inivata, Inc., a subsidiary of NeoGenomics Laboratories.
See www.neogenomics.com/test-menu/invisionfirstr-lung-liquid-biopsy for test details.

Neo Comprehensive™ – Solid Tumor and NeoTYPE® DNA & RNA – Lung or 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. Please see website for details.

Lung only: To choose a different PD-L1 for NeoTYPE DNA & RNA – Lung, complete the "Other" ordering field at the bottom of the requisition. PD-L1 tests will report separately from the NeoTYPE Profile.

For our complete test menu, TAT, specimen requirements and more, please visit: www.neogenomics.com/test-menu

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